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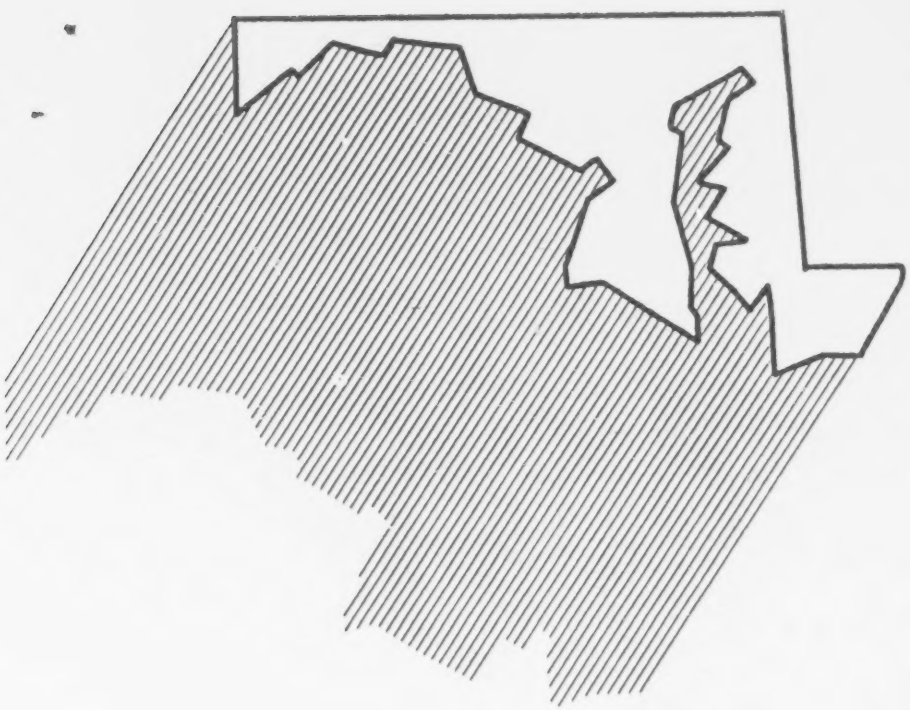
Maryland Medical Care Programs

Medical Assistance Program
Pharmacy Assistance Program



THE YEAR IN REVIEW

Fiscal Year 1990

Maryland Department of Health & Mental Hygiene

Maryland Medical Assistance Program
The Year In Review

Fiscal Year 1990

William Donald Schaefer
Governor

Adele Wilzack, R.N.,M.S.
Secretary

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
201 West Preston Street
Baltimore, Maryland 21201
February, 1991

Prepared by Health Systems Analysis
Policy And Health Statistics Administration
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Introduction

The Maryland Medical Care Programs, comprised of the Medical Assistance Program (Medicaid), the Pharmacy Assistance Program, the Prenatal Assistance Program and the Kidney Disease Program, provide access to a broad range of health care services for eligible low income Maryland residents.

The Medical Assistance Program is operated in accordance with federal and state law and receives funding from both the federal and State governments. The Program derives its statutory authority from Title XIX of the Social Security Act and Title 15 of the Health-General Article of the Annotated Code of Maryland and marked its twenty-fourth full year of operation in fiscal year 1990.

During the year, the Program provided comprehensive health care coverage to a monthly average of 347,100 people, 7.4% of the State's population. Program eligibles received services from approximately 22,000 participating health care providers. Expenditures of $1.2 billion were made on behalf of Medical Assistance recipients.

The Pharmacy Assistance Program completed its eleventh full year of operation in fiscal year 1990. Established by the General Assembly in 1978 and supported entirely by State funds, this program assists low income individuals who are not eligible for Medical Assistance in paying for prescriptions, insulin and certain medical supplies. Approximately $10.1 million was spent during fiscal year 1990 for an average monthly enrollment of 17,000 persons.

The Prenatal Assistance Program, established by DHMH in 1987, is a limited health insurance program for pregnant teenagers. It is designed to encourage and facilitate access to early and appropriate prenatal care for young women who lack medical coverage. With expenditures of about $0.8 million, services were provided to about 800 young women during the year.

The Maryland Kidney Disease Program provides financial assistance to certified Maryland end-stage renal disease patients. There are approximately 3,500 patients certified to receive benefits. However, benefits are available only after all other third-party insurance coverage has been pursued. Fiscal year 1990 expenditures were approximately $6 million.

This publication describes the people served, the services provided and the providers reimbursed under the Medical Assistance Program during fiscal year 1990 (July 1, 1989 through June 30, 1990). The narrative section provides information on the Medical Assistance Advisory Committee, enrollment, providers, payments, services, management controls, current trends, and descriptions of the Pharmacy Assistance Program. Following the narrative are statistical tables on enrollment, services and payments during fiscal year 1990.

MEDICAL ASSISTANCE ADVISORY COMMITTEE

The Medical Assistance Advisory Committee is composed of Medical Assistance recipients, consumer representatives and health care providers. The Committee meets at least six times a year to provide information and counsel to the Medical Assistance Program.

In addition to Committee members, meetings are attended by Medical Assistance Program staff members and non-voting representatives from the U.S. Department of Health and Human Services, the Department of Health and Mental Hygiene (DHMH), and the Department of Human Resources (DHR).

Listed below according to the expiration date of their term of office, are members of the Medical Assistance Advisory Committee for fiscal year 1990.

July 1990

Caren Berry
John Braxton
Jean Dockhorn
Dorothy Egbert
William Hankins
Kathleen Lopez
Jacqueline Lynch
Phillip Marsiglia
Ethel Pace
Beverly Paul

July 1991

Rosemary Atkinson
Ray Brodie Jr, M.D.
Phyllis Colson Burley
Kathryn Cannan
Dorothy Council
Deborah Lee Fritz
James Kessler
David Klein
Helen McAllister, M.D.
Diane Pederson
Denise Wheatley Rowe
Donna Sewell
Michael Weinfield

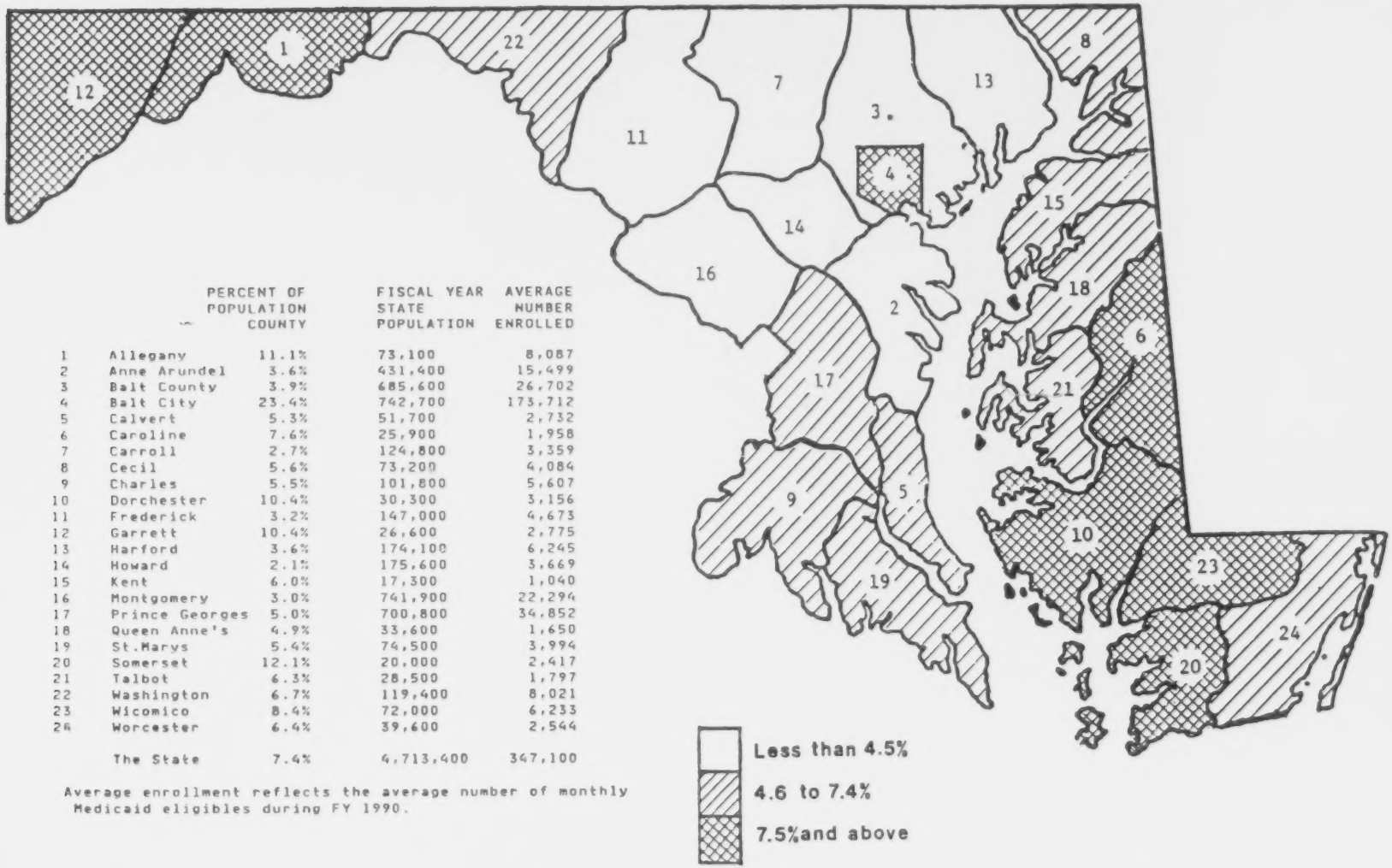
July 1992

Melvin Bulmash D.D.S.
Jean Edwards
Jacqueline Fassett
Lynda Meade
Roberta Milman
Paula McLellan
Frances Nadash

ENROLLMENT

During fiscal year 1990, the Maryland Medical Assistance Program's average monthly enrollment was 347,100 people, 7.4% of the State's population. Figure 1 displays the average enrollment rate for each jurisdiction in the State. Enrollment rates ranged from 2.1% in Howard County to 23.4% in Baltimore City.

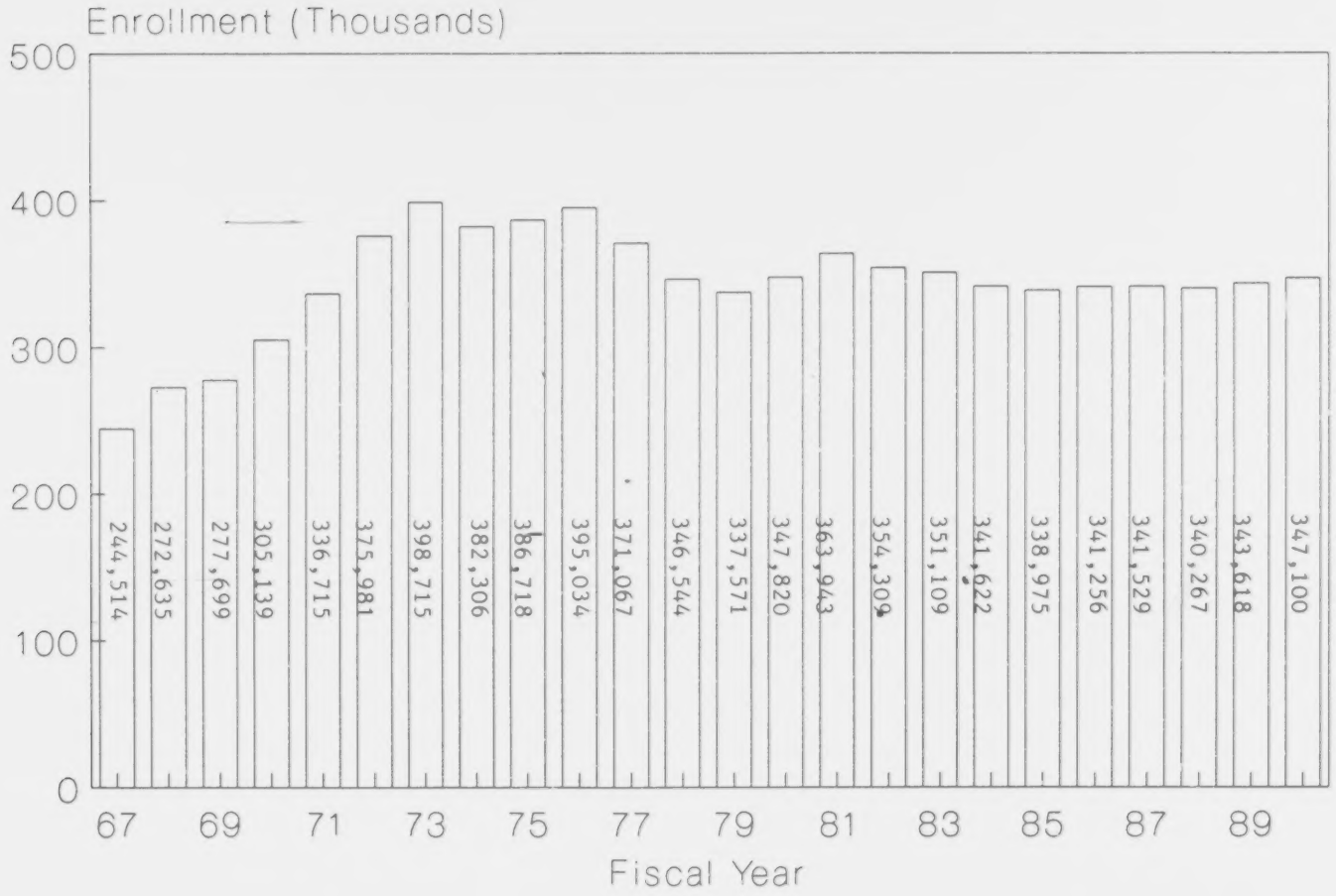
MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT BY POLITICAL SUBDIVISION
Fiscal Year 1990



		PERCENT OF POPULATION COUNTY	FISCAL YEAR STATE POPULATION	AVERAGE NUMBER ENROLLED
1	Allegany	11.1%	73,100	8,087
2	Anne Arundel	3.6%	431,400	15,499
3	Balt County	3.9%	685,600	26,702
4	Balt City	23.4%	742,700	173,712
5	Calvert	5.3%	51,700	2,732
6	Caroline	7.6%	25,900	1,958
7	Carroll	2.7%	124,800	3,359
8	Cecil	5.6%	73,200	4,084
9	Charles	5.5%	101,800	5,607
10	Dorchester	10.4%	30,300	3,156
11	Frederick	3.2%	147,000	4,673
12	Garrett	10.4%	26,600	2,775
13	Harford	3.6%	174,100	6,245
14	Howard	2.1%	175,600	3,669
15	Kent	6.0%	17,300	1,040
16	Montgomery	3.0%	741,900	22,294
17	Prince Georges	5.0%	700,800	34,852
18	Queen Anne's	4.9%	33,600	1,650
19	St.Marys	5.4%	74,500	3,994
20	Somerset	12.1%	20,000	2,417
21	Talbot	6.3%	28,500	1,797
22	Washington	6.7%	119,400	8,021
23	Wicomico	8.4%	72,000	6,233
24	Worcester	6.4%	39,600	2,544
	The State	7.4%	4,713,400	347,100

Average enrollment reflects the average number of monthly Medicaid eligibles during FY 1990.

MARYLAND MEDICAL ASSISTANCE PROGRAM
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1967 - 1990



Program enrollment increased steadily during the first few years of Program operation, peaked in 1973 and then again in 1976. After decreasing rapidly in the late 1970's, it increased again in 1980, then decreased through 1984. Enrollment has remained fairly steady since that time with only minor fluctuations in the average enrolled population. Trends in yearly enrollment are shown on Figure 2.

There are two major categories of enrollees in the Maryland Medical Assistance Program. The Categorically Needy are Medical Assistance enrollees who are eligible to receive cash payments under the Aid to Families with Dependent Children (AFDC) program, the Supplemental Security Income (SSI) program, or the General Public Assistance (GPA) program. Because AFDC and SSI are federal programs, federal matching funds are available to pay for part of the cost of health care for these recipients. Federal matching funds are not available for services provided to GPA recipients, because GPA is a State assistance program.

Eligibility for SSI is established through the federal Social Security Administration. Eligibility for AFDC and GPA is established through the State's local departments of social services. In fiscal year 1990, 83.1% of all enrollees were Categorically Needy.

The Medically Needy are those persons whose incomes and resources are sufficient to meet basic living expenses but are inadequate to meet the cost of necessary health care. To be eligible to receive Medical Assistance benefits, the Medically Needy must meet the Program's income standards, resource limits, and other eligibility requirements. In fiscal year 1990, 16.9% of all enrollees qualified as Medically Needy. Federal matching funds are available for services provided to SSI and AFDC-related Medically Needy recipients (MN-SSI and MN-AFDC).

Medical Assistance eligibility for the Medically Needy is determined by the local departments of social services according to Maryland Medical Assistance Program's income standards, resource limits, and other eligibility requirements. It is based on the number of persons in the family unit, the family's resources, and its net income (gross income less certain deductions and exclusions). The net income and the resource standards for fiscal year 1990 are indicated below.

Family Size	Net Income Standards	Resource Standards
1	$4,500	$2,500
2	5,000	3,000
3	5,500	3,100
4	6,000	3,200
5	6,624	3,300
6	7,296	3,400
7	8,208	3,500
8	9,012	3,600
9	9,944	3,700
10	10,512	3,800
Each Additional Person	+768	+100

Most persons aged 65 years and older and many blind and disabled persons who are enrolled in the Medical Assistance Program are also entitled to Medicare benefits. For persons enrolled in both Medicare and Medical Assistance, the Medical Assistance Program pays the premiums required for coverage under Medicare Part B and the deductible and coinsurance portions of Medicare claims.

Enrollees who qualify for Medical Assistance in federally-matched categories accounted for 93.3% of total Program enrollment in fiscal year 1990. The remaining 6.7% qualified through 100% State-funded eligibility categories.

PROVIDERS

Over 20,000 health care providers are enrolled in the Medical Assistance Program. The list of enrolled providers includes nearly 900 hospitals (70 in Maryland), about 200 long term care facilities, 3 health maintenance organizations, over 150 home health and medical day care agencies, about 12,000 physicians, physician groups and clinics, 2,000 dentists and dental groups, 3,000 personal care providers, 1,000 pharmacies, and 1,700 special services providers.

A consolidated Provider Relations Unit is available to providers for all services other than hospital and nursing facility to resolve provider billing problems and to give providers technical assistance and training on proper billing procedures.

Each Medical Assistance enrollee may receive services from participating institutions or providers of his/her choice or may enroll in a health maintenance organization.

INVOICE PROCESSING

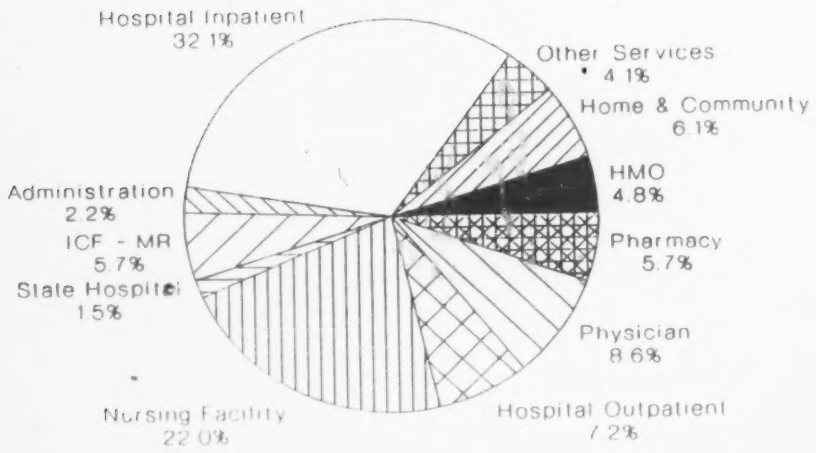
Well over 10 million invoices are processed yearly by the Program. About 25% are returned to providers for recipient ineligibility or billing errors. The number of invoices processed/paid has increased as a result of Program expansion to include new services and expansion of existing services.

Ninety-five percent of all complete and accurate invoices are paid within 30 days of receipt by the Program. The first two to three weeks are required to process the invoices and prepare vouchers. An additional week is required for submission of vouchers to the State Comptroller's Office for the processing of vouchers and the issuance of payment.

PAYMENTS

Total Maryland Medical Assistance Program expenditures in fiscal year 1990 were $1,242,416,552. Approximately 45% of all Program expenditures represented federal funds and 55% were state funds.

MARYLAND MEDICAL ASSISTANCE PROGRAM
TOTAL PAYMENTS
Fiscal Year 1990



SERVICE	PAYMENTS
Hospital Inpatient	$399,190,800
State Hospital	18,512,808
Nursing Facility	272,790,198
ICF-MR	70,897,936
Hospital Outpatient	89,633,742
Physician	106,271,683
Pharmacy	71,430,045
H M O	59,586,813
Home and Community Health	75,668,307
All Other Services*	51,161,665
Administration	27,272,555
Total	$1,242,416,552

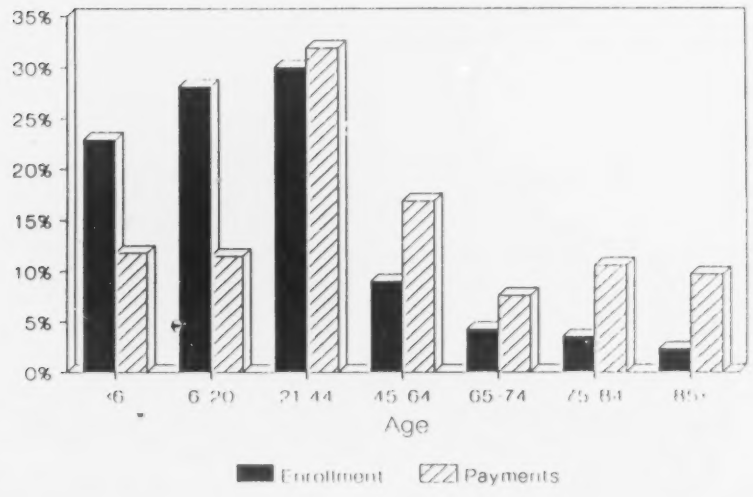
* Includes dental, special services, and premiums paid for buy-in of Medicare Part B.

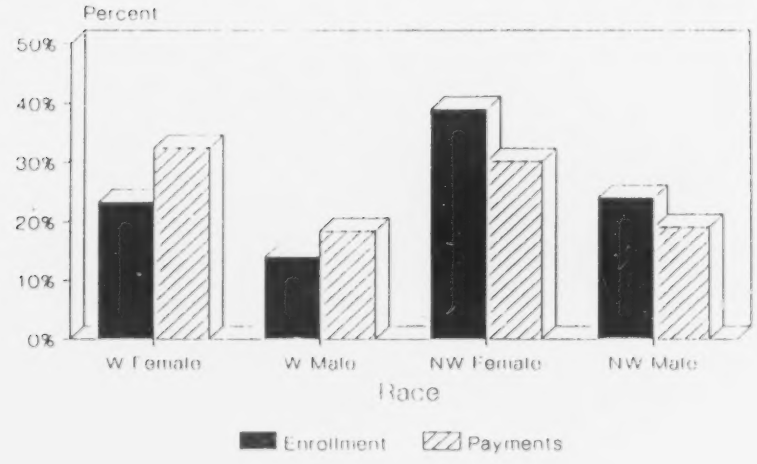
Payments for certain services provided to Medical Assistance recipients are handled administratively and are not included in the source reports used to generate tables for this report. Premiums paid for buy-in of Medicare Part B ($17,127,943) and expenditures for administrative costs for the Program ($27,272,555) are not included in any of the tables shown in this report. Capitation payments for health maintenance organizations ($59,586,813) are shown only for certain tables.

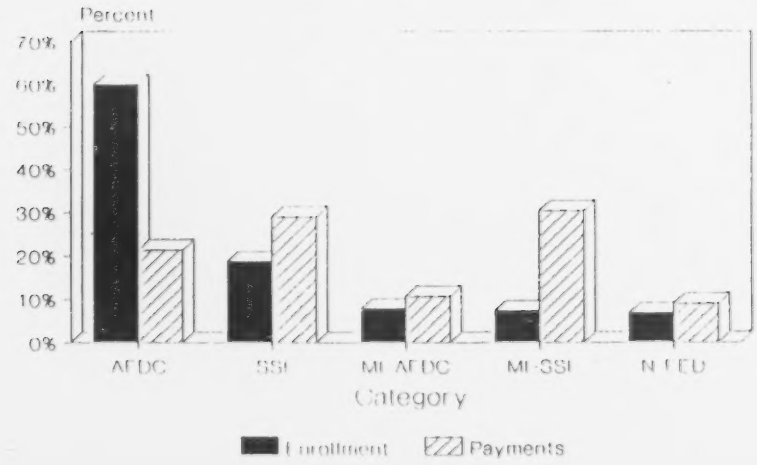
Total Program expenditures including the above mentioned services are shown in Figure 3. Institutional care, including hospital inpatient and outpatient, state hospital and nursing facility, still accounts for about three-quarters of Program spending.

Figure 4 compares enrollees and payments by various characteristics. Females made up 62.1% of enrollment and accounted for 62.5% of expenditures. Although white enrollees represented 37.2% of the eligibles, they accounted for 50.8% of total payments in fiscal year 1990. Primarily as a result of elderly white females who have become eligible for Medicaid while residing in nursing homes, expenditures for white females have historically accounted for a high percentage of total payments, making other groups appear under-represented. Comparisons by age show that those under 21 years of age accounted for 51.0% of enrollees but only 23.3% of payments. Enrollees 75 years and older represented only 5.8% of the total eligibles, but accounted for 20.3% of total payments. Analysis by eligibility category shows that AFDC recipients represented 67.6% of all enrollees but accounted for just 31.9% of Program payments. The Medically Needy aged, blind and disabled eligibles (MI-SSI) accounted for only 7.2% of enrollment, but 30.3% of total Program payments. Clearly, increasing age (over 44) and disability are indicators of higher Program expenditures on a per enrollee basis.

MARYLAND MEDICAL ASSISTANCE PROGRAM ENROLLMENT & PAYMENTS BY SELECTED CHARACTERISTICS - Fiscal Year 1990







SERVICES

A broad range of services is offered to Maryland Medical Assistance Program enrollees. The Federal government mandates that all state Medicaid programs provide hospital inpatient and outpatient services; physician and nurse-midwife services; laboratory and X-ray services; nursing facility services; home health care for adults; family planning services; early and periodic screening, diagnosis and treatment services for children; transportation services; and rural health clinic services.

The Federal government also participates in funding the following optional services which Maryland provides: adult dental care; vision, podiatry and clinic care; pharmacy, medical supplies and equipment; health maintenance organization; medical day care; personal care; services for individuals age 65 and over in institutions for mental diseases; inpatient psychiatric services for individuals under age 21; intermediate care facilities for the mentally retarded; targeted case management; home and community waiver services; and other treatment services. A more detailed description of these services follows including a discussion of recent changes in the provision of services.

HOSPITAL SERVICES

Fiscal year 1990 was the thirteenth year of the "Medicare Waiver" under which the Maryland Medical Assistance Program, Medicare, and other payers reimburse Maryland hospitals according to rates approved by the Maryland Health Services Cost Review Commission. The Program participates in this system by means of a waiver granted by the federal Health Care Financing Administration. The waiver has been renewed on the condition that the State meet certain criteria, the most important of which is that the State reimburse hospitals a lesser amount under the experiment than it would reimburse using Medicare's reimbursement system. Commission-approved rates are prospectively determined and are constructed so that the Program assumes a portion of each participating hospital's bad debt based on its Medicaid inpatient utilization.

In fiscal year 1990, the Medicaid Program made several minor changes in its coverage of hospital services. Starting October 1, the Program expanded coverage of organ transplantation to include double-lung transplants. The Program also expanded coverage to include certain out-of-state rehabilitation units located in acute general hospitals. Also, hospital laboratories were required to enroll in the Medical Laboratory Services Program of the Medical Assistance Program in order to receive reimbursement for tests performed on specimens obtained outside of the hospital.

During fiscal year 1990, payments were made for approximately 694,000 days of hospital inpatient care at a cost to the Program of $399.3 million. The average cost per general hospital day of $644.25 was 5.4% higher than the fiscal year 1989 cost of $611.25. Payments to

State chronic and mental hospitals totaled $18.5 million for roughly 138,000 days of care. (See Tables 18 and 25 for detailed information on all hospital inpatient payments.) The Program paid $89.6 million for approximately 283,000 hospital outpatient visits and 200,000 emergency room visits in fiscal year 1990. The average payment of $175.75 per visit was 12.4% higher than the fiscal year 1989 average of $156.36 per visit. (See Tables 20 and 27 for detailed information.)

RESIDENTIAL TREATMENT CENTERS

In July 1986 the Medicaid Program began coverage of inpatient psychiatric services for recipients under 21 years old in qualified residential treatment centers (RTC) and psychiatric hospitals.

These facilities, in addition to conducting classes in a number of subjects, provide counseling services to emotionally disturbed children and adolescents in a structured residential setting. Six RTCs, three private and three State-operated, are enrolled in the Program. The private RTCs had a $185.03 average cost per day compared to $249.71 per day for the State facilities.

NURSING FACILITY SERVICES

Nursing facility services are covered for medically and financially eligible recipients. A recipient must be certified by the Program's Utilization Control Agent as requiring either an intermediate or skilled level of nursing care. Services are available in 202 nursing facilities statewide. Rates in these facilities are set by the Program using a system implemented in fiscal year 1983.

Under the reimbursement methodology, separate rates are set for four cost centers and are based on the size, geographic location, and expenditures of each nursing facility. These cost centers are: administrative/routine services; nursing services; other patient care; and capital costs. Payment for nursing services is based on the level of care required by each patient.

The Program paid $272.8 million for 5.3 million days of nursing facility care in fiscal year 1990 compared to $256.0 million for 5.6 million days of care in fiscal year 1989. The average cost per patient day in fiscal year 1990 was $51.14, 9.3% higher than the fiscal year 1989 average of $46.77. Payment from patients' own resources in fiscal year 1990 accounted for an average of $14.29 per day, 5.5% higher than the average of $13.55 in fiscal year 1989. (See Tables 19 and 26 for detailed information.)

In addition to nursing facility services, the Program also paid $70.9 million for 468,000 days in State Intermediate Care Facilities for the Mentally Retarded (ICF-MR). Average cost in these facilities was $151.56 per day, compared to the average cost of $152.43 in fiscal year 1989.

PHYSICIAN SERVICES

Physician services covered by the Maryland Medical Assistance Program are divided into two major categories: services rendered in the office, nursing home, home or free-standing clinic; and services rendered in the hospital.

During fiscal year 1990, the Program separated the fee schedules for Physician laboratory services from Medical Laboratory services. This allows for different reimbursement levels for these two types of providers. Medical Laboratory fees were reduced an average of 5%, while physicians' laboratory fees remained unchanged.

In fiscal year 1990, the Program paid a total of $106.6 million for services rendered under the physicians program, 7.8% greater than fiscal year 1989 payments. The Program spent $58.7 million for physician home and office care in fiscal year 1990 compared to $53.5 million in fiscal year 1989. The cost per office visit, including ancillary services and Medicare deductible and coinsurance and not including free-standing clinic costs, went up 8.3% from $37.62 in fiscal year 1989 to $40.74 in fiscal year 1990. Payments for physician services provided in the hospital increased 4.9% from $45.6 million in fiscal year 1989 to $47.9 million in fiscal year 1990. (See Tables 21 and 22 for detailed information.)

FREE-STANDING CLINIC SERVICES

The Program reimburses eleven different kinds of free-standing clinics. These include: children and youth, local health, family planning, refugee, rural health, abortion, mental health outpatient, mental health rehabilitation, drug abuse (methadone maintenance), free-standing clinics, and community health centers. In fiscal year 1990, payments to free-standing clinic providers totaled $26.3 million, an increase of 13.5% over the $23.2 million in fiscal year 1989.

FREE-STANDING DIALYSIS FACILITIES

The Medical Assistance Program initiated direct payment to free-standing dialysis facilities in August 1985. Prior to that time, the Program reimbursed the Maryland Kidney Disease Program (KDP) for payments it made to dialysis facilities. This change was in response to new federal regulations. Since an individual is eligible for Medicare benefits starting in the third month of chronic dialysis, Medical Assistance reimburses for all dialysis services provided during this period and covers the recipient's coinsurance and deductible once Medicare assumes reimbursement for chronic dialysis. Dialysis facilities are reimbursed according to Medicare established composite rates. In fiscal year 1990 the Program initiated coverage of the Federal Drug Administration approved drug, EPOGEN. Dialysis facilities that administer this drug are reimbursed according to the appropriate Medicare add-on amounts.

NURSING SERVICES

Since January 1983, the Program has enrolled certified and licensed nurse-midwives who provide care for uncomplicated pregnancies. During fiscal year 1990, the Program added two more categories of nurses that could receive direct Medical Assistance reimbursement. In July, 1989 certified registered nurse anesthetists who are licensed and provide anesthesia services for inpatient or outpatient procedures could enroll. They are paid the same rates as anesthesiologists. In May, 1990 the Program started to enroll certified registered nurse practitioners who are licensed and provide physical assessments, medical diagnoses for common health problems and other health services. Nurse practitioners are paid the same rates as physicians for those medical services that they are allowed to perform by state regulations. Allowing nurse anesthetists and nurse practitioners to enroll as Medical Assistance providers gives Medical Assistance recipients greater access to medically appropriate and cost-effective services.

PHARMACY SERVICES

Maryland Medical Assistance recipients may obtain prescription drugs and certain other items such as insulin, hypodermic syringes and needles, family planning products, enteric coated aspirin used to treat arthritic conditions, ferrous sulfate products, chewable iron and vitamin tablets and specially formulated nutritional preparations when prescribed by an authorized prescriber.

The amount allowed to be dispensed at one time is limited to a less than 34-day supply except for maintenance medication for certain chronic therapies which may be dispensed in up to a 100-day supply at one time. All prescriptions are limited to a 100-day supply dispensed as an original with up to two refills except for birth control tablets which are limited to a 6-cycle supply and oral sodium fluoride products which are limited to a 120-day supply with two refills (360 days supply).

The Program requires a co-payment of $.50 per prescription for recipients in State-only categories except for orders for family planning products. There is no co-payment for any recipients in Federal categories.

The Program maintains a computer data base listing all covered drug products which is continuously updated. The Program sets maximum reimbursement levels for certain approved interchangeable multiple source drugs at the lowest available generic price. A list of these products, the Interchangeable Drug Cost (IDC) List, is updated and published periodically. The price limitations for these products are continuously adjusted to reflect current market prices.

The Program also maintains and publishes a list of drug products for which the Health Care Financing Administration has set maximum reimbursement rates and a list of highly utilized products usually

bought directly from manufacturers or in larger than minimum package size, for which the Program sets maximum reimbursement. The Program also publishes a list of drug products that have been determined by the Federal Food and Drug Administration to be ineffective and hence not reimbursed under Medicaid.

The Program initiated an ongoing Drug Utilization Review program in September 1986. This is a computer-based, therapeutically oriented review program designed to identify drug use characteristics that can cause drug-induced illness.

The Medical Assistance Program paid $71.4 million for 3.7 million prescriptions in fiscal year 1990, an average of $19.13 per prescription. This was an increase of 7.0% over the $17.91 average cost per prescription in fiscal year 1989 (See Table 23 for detailed information). The prescription dispensing fee during fiscal year 1990 was $3.70 per prescription with an additional $.07 for each paid claim submitted by tape.

HEALTH MAINTENANCE ORGANIZATION SERVICES

Health Maintenance Organization (HMO) services have been an important part of the system of care for Medicaid beneficiaries since Maryland committed to prepayment in 1975. Enrollment has been voluntary and members have had the right to disenroll without cause. While enrolled they agree to obtain all of their medical services from the Health Maintenance Organization. During fiscal year 1990 three HMOs were under contract with the Program: The Johns Hopkins Health Plan, the Chesapeake Health Plan and Total Health Care. Each participating HMO agrees to provide complete health care for its enrollees - including physician, inpatient, laboratory, x-ray, pharmacy, dental, home health and emergency services - in exchange for a fixed monthly fee. HMO services were available at 23 primary care site locations in Baltimore City and at one site in Anne Arundel County.

The Program paid $59,586,813 (15.6% higher than in the preceding fiscal year) in capitation payments to HMOs at an average monthly cost of $113.69 per enrollee. Fiscal year 1990 payments were 25.9% higher than fiscal year 1989. The average enrolled population of 42,764 represented a 10.9% increase over the previous year. HMO enrollees in Baltimore City represented 25% of the Medicaid eligibles in Baltimore City.

DENTAL SERVICES

Comprehensive dental services, including orthodontics, are covered for all Medical Assistance recipients under twenty-one years of age (See EPSDT/Healthy Kids Program). Recipients who are twenty-one years of age or older are eligible to receive services for the treatment of dental emergencies (pain, infection, hemorrhage, traumatic injury) and other specified services. Certain dental procedures require

preauthorization. In fiscal year 1990, the dental program spent $3.6 million to provide services to 57,438 Medical Assistance recipients.

HOME HEALTH SERVICES

Home health services are rendered by qualified home health agencies. Reimbursable services provided by these agencies include skilled nursing services, home health aide services, physical therapy, occupational therapy, and speech pathology. Recipients of home health services must be certified as homebound by their attending physicians who order the type, frequency and duration of services to be provided. Services are covered only if they are necessary on a part-time, intermittent basis. Home Health Agencies were paid $5.8 million for services provided to 3,978 recipients, an average of $1,457 per recipient.

MEDICAL DAY CARE

Medical day care services are provided to recipients whose physicians order the care and who are certified by the Program's utilization control agent as requiring at least intermediate level nursing care. Medical day care recipients are transported to licensed adult day care centers where nursing and social work services, personal care, nutrition services, habilitation therapies and activities are provided on an outpatient basis for up to six days a week. In fiscal year 1990, there were 68 medical day care centers serving Maryland Medical Assistance recipients in twenty-one counties, Baltimore City, and Washington, D.C. Medical day care providers were reimbursed a total of $9.6 million for rendering 255,777 days of care to 1,763 recipients. The Program paid an average of $37.75 per day and an average of $5,477 per recipient.

PERSONAL CARE SERVICES

The Program reimburses for personal care services provided to chronically ill or disabled recipients who are under the care of a physician and require assistance at home with activities of daily living. Services may be performed by a friend of the recipient and are monitored by a registered nurse. The objectives of the program are to prevent patient deterioration, to delay institutionalization, and to prevent inappropriate institutionalization.

Personal care services are provided in accordance with the needs of each patient. Generally, the services may include: basic assistance with dressing, grooming, toileting, self-administered medications, food, nutrition, and diet; assistance with transfer and ambulation; escort to medical services; and performance of incidental household services essential to the patient's health. Personal care does not cover home delivered meals, skilled services, nor services primarily for housekeeping.

Total payments for personal care services in fiscal year 1990 were $15.3 million for 948,000 services provided to 5,190 recipients. This represents an average payment of $2,957 per recipient per year.

HOME AND COMMUNITY-BASED SERVICES WAIVER FOR DEVELOPMENTALLY DISABLED INDIVIDUALS

In fiscal year 1990, the Medical Assistance Program, in cooperation with the Developmental Disabilities Administration, continued Maryland's deinstitutionalization program for eligible developmentally disabled individuals. This endeavor is made possible by the federal government's waiving of certain regulations which allows the State of Maryland to use federal funds to pay for community-based services in place of institutional services for those eligible persons whose needs could be more appropriately served in a community setting.

Only Medical Assistance recipients who are residents of one of Maryland's eight State Residential Centers and who have undergone a comprehensive evaluation certifying their need for ICF/MR level of care are eligible for placement in the waiver.

The Maryland Home and Community-Based Services Waiver includes the basic service components of service coordination, residential habilitation and day habilitation. The current waiver program, which is effective until March 31, 1992, enables the State to serve an additional 600 eligible persons. Expenditures for the Home and Community-Based Waiver for the Developmentally Disabled were $34.6 million during fiscal year 1990.

HOME CARE FOR DISABLED CHILDREN UNDER A MODEL WAIVER

The Model Waiver is designed to provide services not otherwise covered at home to a group of chronically disabled children who require such services in order to leave institutions. Model Waiver services are case management, private duty nursing and medical supplies and equipment beyond the scope of the Medicaid State Plan. Entitlement to services is limited to those individuals for whom the cost of Medicaid reimbursed institutional long term care would exceed the cost of home and community-based services.

Applicants for the Model Waiver must be 21 years of age or younger but may continue to receive services regardless of age as long as they continue to meet the Waiver's certification and care requirements. Expenditures under the model waiver were $3.2 million.

HOME CARE FOR TECHNOLOGY-ASSISTED CHILDREN UNDER A 1915(c) WAIVER

The Technology-Assisted Waiver provides services identical to those provided under the Model Waiver. Participants in the Technology-Assisted Waiver must meet the same eligibility requirements

as for the Model Waiver and must be dependent on a medical device. Expenditures under this waiver were $7.0 million.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM/MARYLAND HEALTHY KIDS PROGRAM

In January of 1989, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program was renamed the Maryland Healthy Kids Program. The EPSDT/Healthy Kids program offers comprehensive health care services which are designed to detect physical and mental problems and provide necessary follow-up care to Medical Assistance recipients under 21 years of age.

Federal regulations require the Program to assure the availability of EPSDT/HEALTHY KIDS services and follow-up treatment within a specified period of time to all eligible recipients who request them. Screening services are provided by twenty-one local health departments, three health maintenance organizations, six children and youth clinics, seven community health centers, and other approved private providers and clinics. The program provides clinical services which include: a physical examination; laboratory tests; immunizations; hearing, vision, developmental, speech and language screening; a dental checkup; and various other screening procedures. Recipients who fail a hearing screening are referred to an enrolled audiological center for professional evaluation, and, if indicated, ordering of the appropriate hearing aid(s). Hearing aids, accessories, and repairs are provided through enrolled dealerships. Diagnostic and treatment services may be delivered by the screening provider or by another health care provider who participates in the Maryland Medical Assistance Program.

The Omnibus Budget Reconciliation Act of 1989 mandated significant changes to the Medical Assistance Program in order to improve access to comprehensive health care for low income children. These changes include expansion of Medical Assistance covered diagnostic and treatment services not previously covered by Medical Assistance, for Medical Assistance recipients from birth to 21 years of age. Through a referral following a Healthy Kids/EPSDT well child exam, rendered by a certified Healthy Kids/EPSDT screening provider, these new services may be ordered. The new referred services, covered as of April 1, 1990, include private outpatient alcohol and drug treatment programs, 28 to 45 day intermediate alcohol and drug treatment programs, chiropractic services, nutritional counseling, occupational therapy, counseling by independent licensed psychologists and clinical social workers, speech therapy, durable medical equipment not previously covered such as leg braces, and other necessary services.

In addition to the provision of EPSDT/Healthy Kids screening and treatment services, EPSDT federal regulations mandate that certain administrative services be performed, such as outreach and case management, to ensure all eligibles are informed about EPSDT as well as

receive assistance in obtaining the necessary services. In 1985, new federal EPSDT regulations allowed states the flexibility to develop. innovative outreach and case management activities in order to respond to the special needs of their eligibles. Each local health department identified their high risk health groups for intensive targeted outreach and case management efforts. Program management services provided by local health departments are offered to ensure that eligibles receive support services such as appointment scheduling, transportation assistance, assessment of health needs to identify at-risk children, and tracking of case management services to ensure initiation of treatment for identified problems. The Program paid for 53,045 screenings in fiscal year 1990. Total EPSDT payments were $2.4 million.

DISPOSABLE MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT

The Program pays for the purchase of certain disposable medical supplies, burn garments, prosthetic devices (eye, breast, and limbs), individually form-fitted support stockings, and the purchase, rental and repair of certain durable medical equipment. Preauthorization must be obtained for most disposable medical supplies exceeding $100, and durable medical equipment exceeding $200 if purchased or over $25 per month if rented. All covered burn garments, support stockings, incontinency pants, disposable underpads, equipment repairs, and all covered medical equipment not specifically listed and priced on the Program's fee schedule require preauthorization regardless of cost. In fiscal year 1990 the Program paid $8.2 million for disposable medical supplies and durable medical equipment.

MEDICAL LABORATORY SERVICES

The Program reimburses enrolled medical laboratories, portable radiology services, and other diagnostic services for medically necessary procedures ordered by authorized medical practitioners. Medical laboratory providers agreed to accept a non-uniform 5% reduction in reimbursements, in place of contracting for sole source providers of laboratory services in fiscal year 1990. Reimbursement rates for laboratory services performed by all other provider types were maintained at the current amounts. The reimbursement of laboratory services for hospital non-patients was excluded from the hospital program and payment at hospital rates. Hospital laboratories were notified to enroll as medical laboratory providers to be reimbursed for these services at medical laboratory fees schedule rates effective 12/25/90. In fiscal year 1989, the Program paid $4.5 million to medical laboratory, portable radiology, and other diagnostic services providers.

OXYGEN AND RELATED RESPIRATORY EQUIPMENT

The program pays for continuous gaseous and liquid oxygen, oxygen systems, oxygen concentrators, related respiratory equipment, and nasal continuous positive airway pressure (NCPAP) systems and certain tracheostomy supplies and equipment for use in the home or

nursing home. All of these items and component replacement or repair of purchased equipment must be preauthorized.

AMBULANCE AND WHEELCHAIR VAN SERVICES

The Program covers non-emergency trips to or from hospitals or between nursing homes by ambulance or wheelchair van. The hospital or nursing home arranges for the transport and obtains preauthorization when necessary. An across-the-board fee increase of 10% was granted in fiscal year 1990 to be effective beginning fiscal year 1991. Total payments for ambulance and wheelchair van services was $2.0 million in fiscal year 1990.

GENERAL TRANSPORTATION SERVICES

The program covers transportation to or from medically necessary covered services, except transportation to or from hospitals or between nursing homes by ambulance or wheelchair van. Providers who own or lease their vehicles are paid per passenger mile based on a rate negotiated with the Department of Health and Mental Hygiene. The negotiated rate is calculated using information obtained from the provider's annual cost report and their reported passenger miles. Providers of purchased transportation (i.e., bus or taxi) are reimbursed for the actual cost of the transportation. Certain transportation services must be preauthorized. Providers include, but are not limited to, community groups, local health departments, hospitals and several private for-profit companies. Total payments for general transportation services were $12.4 million during fiscal year 1990.

VISION CARE SERVICES

Examinations by optometrists and ophthalmologists and eyeglass services rendered by optometrists, ophthalmologists, and opticians are covered for recipients of all ages. Persons under the age of 21 are entitled to one eye examination, for the purpose of prescribing eyeglasses, and eyeglasses once every year under the EPSDT Program. Persons 21 and over are entitled to these services once every two years. Ophthalmologists are reimbursed through the physicians program. Other diagnostic and treatment services are also provided. Providers must obtain preauthorization for vision care services not covered under the Medicare program. In fiscal year 1990, the Program paid $2.4 million to provide services to 47,213 Medical Assistance recipients.

PHYSICAL THERAPY

The Program covers medically necessary physical therapy treatment which has been ordered in writing by a physician, dentist or podiatrist. The treatment must be performed in the Physical Therapist's office, the patient's home or a domiciliary level facility by a

registered Physical Therapist (P.T.) or a Physical Therapist Assistant under the direct supervision of the P.T. Treatment must be preauthorized if it continues past 60 days after the first treatment. An across the board fee increase of 100% was granted in fiscal year 1990 to be effective beginning fiscal year 1991. The Program paid $239,000 in fiscal year 1990 for physical therapy services.

PODIATRY SERVICES

The program covers medically necessary services other than routine care. Certain services, such as orthotics, are covered, but only when prescribed as the result of an EPSDT screen. Routine care is covered for patients with diabetes or a vascular disease affecting the lower extremities. In fiscal year 1990, the Program paid $0.6 million to provide services to 14,800 Medical Assistance recipients.

THE STATEWIDE EVALUATION AND PLANNING SERVICE

Statewide Evaluation and Planning Services (STEPS) is a statewide, long term care evaluation program for which Medical Assistance reimburses providers for completed evaluations. STEPS began in fiscal year 1987. The comprehensive evaluation includes medical/nursing, psycho-social and functional assessments, followed by the development of an appropriate plan of care with multidisciplinary input. The comprehensive evaluation is conducted by a licensed social worker and registered nurse. STEPS providers assist with consultation to other health care providers as requested.

The Program pays for STEPS evaluations for those persons who are at risk of nursing home placement due to medical conditions consistent with intermediate or skilled levels of care, and are Medical Assistance recipients or projected to be Medicaid eligible within 180 days of nursing home admission.

In fiscal year 1990, STEPS providers were paid $182 for each completed evaluation. During this period, 8,897 STEPS evaluations were completed at a cost of $1,675,209.

STEPS case management may be provided for Medical Assistance recipients who have received a STEPS evaluation. STEPS case management is reimbursed at a rate of $90 for services provided during the initial 60 days after the multidisciplinary assessment and $15 for a unit of service provided each succeeding month that case management is provided. In fiscal year 1990, 853 claims for STEPS case management were submitted, totalling $51,795.

PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW

In January 1989, the State was mandated to implement Preadmission Screening and Annual Resident Review (PASARR) under the Omnibus Budget Reconciliation Act of 1987 (OBRA 87).

The act requires preadmission screening and annual resident review of individuals with mental illness (MI) or mental retardation and related conditions (MR) who are applicants to nursing home facilities (NF) that are certified for Medicaid, regardless of the source of payment for NF services. A screening tool (ID screen) has been developed to identify persons with a MI or MR. These individuals must be evaluated by Geriatric Evaluation Services (GES) teams who evaluate whether an individual requires the level of services provided by a NF, and whether active treatment is needed. Psychiatrists and/or psychologists participate in PASARR evaluations. A plan of care which recommends appropriate services for each individual is developed as a result of multidisciplinary input. Upon review of the recommendations, the State Mental Hygiene Administration makes determinations for individuals with MI, and the State Developmental Disabilities Administration makes determinations for individuals with MR. Total payments for PASARR during fiscal year 1990 were $232,039 for 764 claims.

PREGNANT WOMEN AND CHILDREN'S PROGRAM

The Omnibus Budget Reconciliation Acts of 1986, 1987, and 1989 allow states to provide medical services reimbursement, through their Medicaid Programs, to many low income pregnant women and children who previously would have been ineligible for coverage due to family income in excess of the regular Medicaid limits. Maryland was one of the first states in the nation to enact coverage for the indigent pregnant women and children population group. The Program began enrolling recipients in July 1987.

Eligibility is open to pregnant and postpartum women (up to 60 days after delivery) of all ages, and children up to the second birthday, who are not currently receiving Medicaid and whose family income meet the following limits: for pregnant and postpartum women and infants up to one year of age, family income must not exceed 185% of the Federal Poverty Level; for children between the ages of one and two years, family income must not exceed 100% of the Federal Poverty Level.

To meet the objective of delivering early prenatal care to eligible women, federal law allows for an up to 45 day presumptive (i.e. immediate but temporary) eligibility period for pregnant women. During this time, upon completing a simple 1-page application, a pregnant woman may receive temporary Medicaid benefits for ambulatory prenatal care while the formal eligibility determination is made. Local health departments, community health centers, and some hospital outpatient departments are responsible for the presumptive eligibility determination.

Once a woman is formally determined eligible by the local Department of Social Services, she receives full Medical Assistance benefits, including delivery and inpatient hospitalization coverage, until 60 days after delivery. Babies born to PWC enrollees automatically receive full Medical Assistance benefits to 60 days from date of birth.

The parents may then apply for continued benefits for their child. Newborns delivered to women receiving PWC benefits are automatically Medicaid eligible through the 60 day post delivery period for which their mother has been certified. They then must be recertified for continued benefits. Certification periods for children are 12 months long. During the third year of operation, fiscal year 1990, the Program provided presumptive eligibility ambulatory care benefits to 11,774 pregnant women and full Medical Assistance benefits to 9,420 pregnant women and 8,668 children. Many infants born to women on the program continue to receive Medical Assistance benefits but are not counted under the PWC Program. This results when a pregnant woman on PWC begins receiving AFDC in the third trimester. She converts to a different Medical Assistance category and her baby, from birth, receives Medical Assistance under AFDC.

Pregnant Women and Children's program expenditures for fiscal year 1990 totalled $39.2 million.

PROGRAM CONTROLS

MEDICAID QUALITY CONTROL

The primary objective of Medicaid Quality Control (MQC) is to reduce expenditures caused by ineligibility and claims processing errors. For eligibility determinations, a random sample of approximately two hundred Aid to Families with Dependent Children (AFDC) cases and fifty Medicaid Only (MAO) cases is drawn each month for the State's review and specific error investigation. The full sample is reported to the Health Care Financing Administration (HCFA) via the National Integrated Quality Control System (NIQCS) for a federal re-review and official error rate calculations.

The Claims Processing Assessment System (CPAS) is designed to identify and measure the cost of claims processing errors. A federally approved alternate CPAS is utilized in Maryland with a monthly sample of eighty cases from the Long Term Care, Inpatient Hospital, Pharmacy and Other Claims strata. These cases are reviewed for correctness and completeness. These results are audited annually by HCFA's Medicaid review team.

From these reviews and examinations, corrective action initiatives are planned, implemented and evaluated to reduce the possibility of recurring error trends and in turn maintain an error rate below the 3.0% national tolerance level. Separate Annual Corrective Action Plans are prepared each August for both the Eligibility and Claims Processing sections.

RECOVERIES

The Maryland Medical Assistance Program operates a third party liability program to discover other sources of payment for Medical Assistance recipients' health care and to recover money spent on behalf of recipients from sources allowed by federal or state law. These sources include health insurance, tort liability (automobile, personal injury settlements,and assaults), worker's compensation, estates, paternity/child support, provider refunds, recipient fraud, medical malpractice and lead paint poisoning, and the breach of public charge bonds required by the U.S. Immigration and Naturalization Service.

In order to discover potential third party resources, the Program conducts data matches with Blue Cross and Blue Shield of Maryland, the U.S. Department of Labor and Defense, and the State's Worker's Compensation Commission, Central Payroll, Retirement, Child Support Enforcement Administration, and Department of Economic and Employment Development. The Program's third party liability contractor also data matches with eight additional health insurance carriers.

During fiscal year 1990, collections were $9,700,000. An additional savings of $71,589,000 resulted from cost avoidance activities composed of Medicare Part B collections and accession of health insurance benefits by providers.

PREAUTHORIZATION

An important cost control measure is the preauthorization of many services by the Program or its agent before reimbursement is made. All non-emergency inpatient hospital services are preauthorized by the Program's Utilization Control Agent. Designated organ transplants, cosmetic or obesity surgery, durable medical equipment costing more than $200 and medical supplies costing more than $100 require preauthorization. Prescription drugs over $400 and designated maintenance drugs costing more than $100 also require preauthorization. In addition, certain or all of the services in the dental, vision care, oxygen, hearing aid, podiatry, physical therapy, ambulance and wheelchair van and general transportation programs must be preauthorized before being rendered to the recipient by the provider.

RECIPIENT MEDICAID FRAUD

The Program investigates allegations of recipient Medicaid fraud in order to seek criminal prosecutions for violations of law and to maximize the recovery of monies spent for Medical Assistance benefits for which there was no entitlement. Recipient fraud may result from the failure to report income or resources, the use of Medicaid cards by ineligible persons, or the forging or alteration of prescriptions. Referrals of potential fraud come from providers, local departments of social services, police, and citizens. Also, internal reviews may result in potential fraud referrals.

Summary of FY 90 Operation

Completed investigations	456
Charges filed with Court Commissioner	33
Referrals to State's Attorneys	6
Recoveries	99
Total successful outcomes	32
Cases pending at end of FY 1990	227
Recoveries	$172,194

ABUSE INVESTIGATIONS

The Medical Assistance program investigates cases of possible abuse by providers. A 100% prepayment review of hospital inpatient invoices is conducted to validate the Utilization Control Agent's approval of admissions and lengths of stay. Treatments and procedures are reviewed to determine if the services are covered by the Program and if the treatments are appropriate for the diagnosis. The Program has developed a computer monitoring system that reviews provider payments. This reporting system compares providers to their peers in order to focus on those providers with exceptional practices. If abuse is suspected, all invoices from the provider are reviewed and medical records are requested and reviewed. If abuse is confirmed, the case is fully developed and administrative action, including recovery of funds

and imposition of sanctions, may be taken. Additionally, the case may be referred to the provider's peer review group or to the Board of Physician Quality Assurance. If fraudulent activities are suspected, the provider is referred to the Medicaid Fraud Control Unit in the Attorney General's Office for an investigation and possible prosecution.

Explanations of Medical Benefits (EOMB) are sent monthly to approximately 1,000 recipients to verify that the services reimbursed by the Program for the recipient have been received. The EOMB lists the services for the recipient in the preceding month and requests confirmation that the services were received. If the recipient denies receiving the service, the provider is questioned concerning the bill. Payment is recovered for undocumented services. The Program may also target a provider for a special EOMB run addressing only that provider's patients. This special EOMB run is done when allegations are present that a provider is billing for services that have not been rendered.

MANAGED CARE PROGRAM

The Maryland Medical Assistance Program investigates cases of inappropriate utilization of Medical Assistance benefits by Medicaid recipients. Recipient misutilization may result when a recipient uses an inappropriate type of provider for care such as emergency rooms or specialty clinics or uses an appropriate provider in an inappropriate manner or at inappropriate frequencies.

Computer-generated reports are used to identify recipients whose payment histories suggest potential misuse of benefits. Once identified, the utilization of health care services is analyzed by medical professionals to determine whether misuse has in fact occurred. If misuse is found, the recipient is restricted to a Managed Care provider and a designated pharmacy for a period of one year.

This fiscal year the number of enrollees has increased substantially due to better strategies in identifying those persons misusing Medical Assistance benefits. Efforts have been made to link recipients with preferred providers, comprised primarily of community health centers, for a more coordinated approach to health care. In addition, an effort has been made to provide special provider assignments for those having special needs, e.g. the mentally ill and AIDS population. Overall, the number of health care providers participating in the program has increased by 95% (from 301 to 586), the number of new enrollees increased by 185% (from 987 to 2809), and imputed savings increased by 390% (from $847,800 to $4,158,150).

Summary of FY 90 Operations	
Cases Reviewed	22,592
Restrictions Initiated	2,809
Total Restricted Enrollment	4,346
Imputed Savings	$4,158,150

PHYSICIAN REFERRAL SERVICE

In July 1984, the Program implemented a toll-free telephone Physician Referral Service to help recipients find HMOs and physicians in their neighborhoods who are willing to accept Medicaid patients. The objective of the referral service is to divert Medicaid recipients from the hospital emergency rooms and outpatient clinics that many rely upon as a source of primary care.

Initially, the Program conducted surveys to establish which physician providers were interested in enlarging their Medicaid office practice. Those who wished to receive referrals were asked to provide their names, office addresses and phone numbers. Recently dentists and podiatrists have been added to our listings. Over 1,400 practice locations are now in a special computer file that enables a Program telephone operator to identify the physicians, dentists and podiatrists in a given ZIP Code, and by specialty within a ZIP Code, in response to a request from a Medicaid recipient.

In fiscal year 1990, more than 30,000 physician referrals were handled from recipients requesting the location of a physician, dentist, or podiatrist. In six years of operation, the referral service has provided over 87,000 such requests. In some cases recipients requested the name of a pediatrician or gynecologist as well as a general practitioner. One or more referrals have been made to almost every practice location on file, with several physicians receiving over 100 referrals since inception of the Program.

Medicaid recipients were initially notified of the Physician Referral Service by means of a general mailing. Reminders are sent periodically, and other forms of notification are on-going, to assure that recipients remain aware of the availability of this service.

MEDICAID MANAGEMENT INFORMATION SYSTEM

The Maryland Medical Care Programs' Medicaid Management Information System (MMIS) has been approved and operational since March, 1985. The conceptual design of MMIS includes six subsystems: recipient, provider, claims processing, reference file, surveillance and utilization review, and management and administration reporting. The first four subsystems work together with the overall objective of processing and paying each eligible provider for every valid claim. The other two subsystems consolidate and organize data necessary for managing and controlling the Medicaid program.

The Program has been evaluating options for upgrading and improving Medicaid's computer capability. Upon completion of the Medicaid Review and Evaluation Project (MREP) during fiscal year 1989, the major recommendation was to replace the current MMIS system.

The plan is to acquire a certified MMIS from another state and enhance it to Maryland's needs while integrating new Informational Systems technologies. MMIS II will enhance the scope and adaptability of

Maryland's Medical Care Programs while ensuring that Federal and State regulations are enforced and that MMIS II will meet current and anticipated requirements of the Medicaid Program.

STATE FUNDED PROGRAMS

THE PRENATAL ASSISTANCE PROGRAM

During fiscal year 1987, DHMH established a program to provide medical care coverage to pregnant teenagers below the poverty level. The Prenatal Assistance Program (PAP) is a limited health insurance program which provides prenatal, delivery, and postpartum care to low income pregnant women under 21 years of age and preventive health care to their infants under 3 months of age.

Administered through the local health departments and community health centers, special case coordinators assist and counsel the young women enrolled, arranging for receipt of appropriate services. A primary function of the program is to assure prenatal care coverage to young women who lack medical coverage. Many of these women would normally become Medicaid eligible only at the time of delivery. PAP allows for the receipt of early prenatal care for pregnant adolescents, a medically high risk group.

During fiscal year 1990 PAP enrolled approximately 800 young women. About 60% became Medicaid eligible during the year. Expenditures under PAP were $0.8 million.

At the beginning of fiscal year 1988, PAP's provisions were expanded upon by the State's creation of the Pregnant Women and Children's (PWC) Program. Taking advantage of a provision of the Omnibus Budget Reconciliation Act of 1986, enacted by Congress in the Fall of 1986, Maryland established a new category of Medicaid coverage for low income pregnant women and children.

The PWC program has enrolled many PAP and would-be PAP eligibles, thereby reducing State-only expenditures for the under 21 pregnant population.

MARYLAND PHARMACY ASSISTANCE PROGRAM

The Maryland Pharmacy Assistance Program (MPAP) was established by legislation passed in the 1978 session of the Maryland General Assembly and was implemented on January 22, 1979. The purpose of this 100% State funded program is to provide help to Maryland residents who are not eligible for participation in the Medical Assistance Program, but who meet the eligibility requirements of the Maryland Pharmacy Assistance Program. The Maryland Pharmacy Assistance Program pays for drugs requiring a prescription by law, which are currently declared effective by the F.D.A.; Schedule V

cough preparations, prescribed insulin, insulin syringes and needles, contraceptives, certain formulated nutritional preparations when prescribed by a physician, and Enteric-Coated aspirin for arthritis. Under this program, each recipient must pay $1.50 for each prescription and each refill, and the State pays the rest.

Eligibility for the Maryland Pharmacy Assistance Program is based on the financial resources available to the family unit. A 1985 amendment to the original legislation allows the program to increase the maximum gross allowable income standards annually at the time Social Security benefits are increased, by the larger of either any Social Security cost-of-living percentage increase, not to exceed 8%, or the dollar amount which the Medical Assistance income standards are increased by the State. During fiscal year 1988, asset standards for the Maryland Pharmacy Assistance Program were increased to 1.5 times the resource standards for the Maryland Medical Assistance Program. The chart below shows the gross allowable income and asset standards effective during fiscal year 1990.

MPAP MAXIMUM INCOME AND ASSET STANDARDS

Number of Persons in Household	Maximum Gross Allowable Income July 1, 1989	December 1, 1989	Maximum Total Allowable Assets
1	$6,700	$7,050	$3,750
2	$7,300	$7,650	$4,500
3	$8,000	$8,400	$4,650
4	$8,600	$9,050	$4,800
5	$9,250	$9,700	$4,950
6	$9,900	$10,400	$5,100
7	$10,650	$11,200	$5,250
8	$11,450	$12,000	$5,400
9	$12,250	$12,850	$5,550
10	$13,000	$13,650	$5,700
Each Additional Person	$750	$800	$150

In fiscal year 1990 there was an average enrollment of 16,984 per month. Table 35 describes the average program enrollment by residence and selected demographic characteristics. The program paid $10,089,462 for 462,003 prescriptions, an average of $21.84 per prescription. Table 36 is a summary of the average enrollment, total costs and number of prescriptions, average cost of prescriptions, and average prescriptions per recipient from fiscal year 1986 through fiscal year 1990.

PROGRAM TRENDS

Annual Program spending is a function of three variables: the number of enrollees eligible to receive services; the utilization of services; and the cost per service. The relative contribution of these variables to total Program expenditures has fluctuated over time. The following tables show where changes have occurred in total expenditures, unit cost for services and use of services over a five year period.

Displayed on Table A is the average yearly enrollment for the past five fiscal years. In fiscal year 1990, enrollment was up over the past two years. Average enrollment has been relatively stable, but expansion of SOBRA eligibility in fiscal year 1988 and 1989 has resulted in increasing average enrollment.

Total Program payments by major service category for the five year period are shown on Table B. Unlike other totals shown in this publication, these figures do not include Medicare payments for deductibles and coinsurance paid for Medicare eligible elderly and disabled recipients. These figures more clearly reflect actual service expenditures for Medicaid-only eligibles.

In fiscal year 1990, total Program expenditures increased over the past year, by about 11%, an increase over the rate last year. This overall increase was fueled by increases in payments for hospital services, Home and Community-Based Waiver Services, and HMO Services.

The average yearly increase in inpatient general hospital expenditures from fiscal year 1986 to 1989 has averaged about 9% per year. The increase from 1989 to 1990 was just over 10%. Payments to special hospitals increased only 8%, about $5 million over fiscal year 1989 payments. State chronic and mental hospital expenditures showed a slight increase of 4%, about $0.8 million. Payments for nursing facilities increased about $17 million, 6.6% over last year. Total payments to ICF-MR facilities were up about 3%.

In the area of ambulatory care, hospital outpatient services exhibited an increase in total expenditures of 15.6%, higher than in the past several years. Total payments to physicians in hospitals increased almost 4% and total payments to physicians in office, home and nursing home were up about 6%. The increase in clinic expenditures under the physicians program was up 13.5% over fiscal year 1989, less of an increase than in previous years.

Pharmacy payments were up 11%, about average for the past several years. Dental service payments in 1990 were about equal to last years dental expenditures. Expenditures for home and community-based services increased 38% over fiscal year 1989, less than the average increase in past years.

With regard to unit cost for services, Table C shows trends over the past five fiscal years. The cost per day in an acute general hospital bed was up 5.4% over fiscal year 1989, about the same as the increase in past years. The increase in cost for an outpatient visit was up 12.4%, higher

Table A
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1986 - 1990

FISCAL YEAR	AVERAGE MONTHLY ENROLLMENT	PERCENT CHANGE
1986	341,256	
1987	341,529	-0.1%
1988	340,267	-0.4%
1989	343,618	+1.0%
1990	347,100	+1.0%
Average Annual Percent Change		+0.4%

Table B

PROGRAM PAYMENTS AND ANNUAL PERCENT CHANGE BY TYPE OF SERVICE
Fiscal Years 1986 - 1990

TYPE OF SERVICE[1]	Fiscal Year 1986	1987	1988	1989	1990
Acute Gen Hospital Inpt	230,577,078	238,515,239 3.4%	274,780,680 15.2%	292,194,359 6.3%	323,179,066 10.6%
Special Hosp	30,344,986	33,610,335 10.8%	49,095,201 46.1%	63,352,787 29.0%	68,071,247 7.4%
State Chronic & Mental Hosp	25,778,693	26,294,259 2.0%	29,228,803 11.2%	17,544,816 -40.0%	18,321,154 4.4%
Nursing Facility	202,532,177	220,768,918 9.0%	245,765,303 11.3%	255,347,639 3.9%	272,182,951 6.6%
ICF - MR Facility	52,841,668	78,197,661 48.0%	75,213,195 -3.8%	68,811,000 -9.0%	70,897,936 3.0%
Hospital OPD	59,927,034	67,266,204 12.2%	68,839,675 2.3%	73,463,080 6.7%	84,902,148 15.6%
Physician Home & Off	22,192,662	21,960,868 -1.0%	26,260,348 19.6%	26,404,385 0.5%	28,034,485 6.2%
Clinic	9,911,125	11,878,638 19.9%	17,919,944 50.9%	23,159,637 29.2%	26,296,172 13.5%

Table B (Con't)

PROGRAM PAYMENTS AND ANNUAL PERCENT CHANGE BY TYPE OF SERVICE
Fiscal Years 1986 - 1990

TYPE OF SERVICE	Fiscal Year 1986	1987	1988	1989	1990
Physician in Hospital	24,814,362	27,171,537 9.5%	33,981,086 25.1%	38,670,414 13.8%	40,046,696 3.6%
Pharmacy	48,484,624	52,411,016 8.1%	55,194,978 5.3%	64,195,100 16.3%	71,430,045 11.3%
Home & Community	17,997,787	32,626,382 81.3%	49,445,738 51.6%	54,967,290 11.2%	75,668,307 37.7%
Dental	4,774,469	4,172,880 -12.6%	3,848,367 -7.8%	3,632,893 -5.6%	3,616,337 -0.5%
HMO	16,453,929	25,038,279 52.2%	34,423,535 37.5%	46,328,198 34.6%	59,586,813 28.6%
Other[2]	42,148,321	46,276,110 9.8%	54,253,052 17.2%	67,116,116 23.7%	72,910,638 8.6%
TOTAL	788,778,918	886,188,328 12.3%	1,018,249,908 14.9%	1,095,187,715 7.6%	1,215,143,997 11.0%

[1] Totals shown for specific service types do not include payments for Medicare coinsurance and deductibles and will not match totals shown on other tables.

[2] Includes payments for special services; Medicare coinsurance and deductibles; premiums paid for Part B of Medicare; and payments for general transportation services.

than in the past two years. The increase in nursing facility cost per day was 9.3% over the past fiscal year. The average cost per in-hospital service billed by physicians was about the same, and the average cost per office visit was up 8.2% The cost per pharmacy invoice was up 6.4%, and the average cost per dental service was about the same.

To measure changes in utilization of certain services the number of services used per enrolled individual has been calculated. Table D shows the average trend in use of services. In fiscal year 1990, for the most part, changes were not dramatic.

Hospital days per enrollee were up slightly, as were nursing facility days. The average number of hospital outpatient visits per enrollee also increased somewhat after showing a steady decline over the past few years. Physician service use increased slightly in hospital and decreased slightly in office during the year. Pharmacy utilization was up and dental utilization was down slightly.

Several recent changes in federal law have a significant impact on the Maryland Medical Assistance Program. The major provisions of these bills are described below:

Omnibus Budget Reconciliation Act of 1989 (OBRA 89)

Enacted in December 1989, OBRA 1989 mandated three major changes to States' Medicaid programs. First, the family income eligibility standard for all children below the age of six was raised to 133% of the federal poverty level. The second major change requires the Medicaid program to pay for any medical service for children that is coverable under federal Medicaid law that is prescribed as a result of an EPSDT (Healthy Kids) screen, whether or not the State covers the service under its Medicaid program. The third major change requires the Medicaid program to reimburse the full reasonable costs for all federally qualified health centers, including community health centers, rural health clinics, and any similar clinics as designated by the federal government. The first change took effect July 1, 1990, and the other two began April 1, 1990.

Family Support Act of 1988

Also effective April 1, 1990, Medicaid eligibility was extended for persons who lose welfare grants under the Aid to Families with Dependent Children (AFDC) program because they became employed. They are entitled to up to twelve additional months of Medicaid coverage.

Medicare Catastrophic Coverage Repeal Act of 1989 (MCCRA)

In December 1989, Congress repealed most of the Medicare Catastrophic Coverage Act that it had enacted a year and a half earlier. The MCCRA did not repeal the additional protection under the Medicaid program of the income and resources of a couple when one of them enters a nursing home, and it did not repeal the provision under which the State Medicaid program, on a phased-in basis, pays all Medicare premiums, deductibles and coinsurance for Medicare eligibles with incomes below the federal poverty level.

Table C
COST PER UNIT OF SERVICE
Fiscal Years 1986 - 1990

Type of Service	Fiscal Year				
	1986	1987	1988	1989	1990
Acute Gen Hospital Inpt (Day)	$512.90	$542.76 5.8%	$577.60 6.4%	$611.25 5.8%	$644.55 5.4%
Nursing Facility (Day)	38.88	41.21 6.0%	43.93 6.6%	46.78 6.5%	51.14 9.3%
Hospital OPD (Visit)	109.86	132.94 21.2%	144.15 8.4%	156.36 8.5%	175.75 12.4%
Physician In-Hosp (Service)	24.15	29.71 23.0%	32.85 10.6%	33.89 3.2%	33.84 -0.4%
Physician Home & Off (Visit)	24.94	28.90 15.1%	32.45 12.3%	35.31 8.8%	38.20 8.2%
Pharmacy (Invoice)	14.85	16.13 8.6%	16.95 5.1%	17.91 5.7%	19.06 6.4%
Dental (Service)	9.26	11.03 19.1%	8.38 -24.0%	8.26 -1.4%	8.24 -0.2%

Table D
AVERAGE NUMBER OF SELECTED SERVICES PER MEDICAID ENROLLEE
Fiscal Years 1986 - 1990

Type of Service	Fiscal Year				
	1986	1987	1988	1989	1990
Acute Gen Hospital Inpt (Day)	1.36	1.34 -1.5%	1.45 8.2%	1.44 -0.7%	1.48 2.8%
Nursing Facility (Day)	15.28	15.71 2.8%	16.45 4.7%	15.93 -3.2%	16.71 4.9%
Hospital OPD & ER (Visit)	1.60	1.48 -6.9%	1.40 -5.4%	1.37 -2.1%	1.39 1.5%
Physician In-Hosp (Service)	3.38	3.04 -10.1%	3.60 18.4%	3.92 8.9%	4.09 4.3%
Physician Home & Off (Visit)	2.61	2.24 -14.2%	2.38 6.3%	2.30 -3.4%	2.11 -8.3
Pharmacy (Invoice)	9.53	9.52 -0.1%	9.57 0.5%	10.43 9.0%	10.80 3.5%
Dental (Service)	1.50	1.11 -26.0%	1.35 21.6%	1.28 -5.2%	1.26 -1.6%

TABLES

The following tables give further details on the operations and activities of the Maryland Medical Assistance Program. Tables 1 - 17 describe Program payments, enrollees, recipients, and services provided by eligibility category, residence and selected demographic characteristics. Tables 18 - 32 provide detailed information about specific services provided. Table 33 gives summary information on Medical Assistance enrollment during the year. Table 34 provides a summary of selected Medical Assistance Program data over a five year period. Tables 35 and 36 show data on the Pharmacy Assistance Program.

Since fiscal year 1988 certain tables were changed or adjusted to include additional information. Data on SOBRA individuals (Pregnant Women and Children) is included on the tables where information was available. On other tables that information is included under category MAC (for children) and MAR (for adults). Not all source documents for this report have been set up to report on the new SOBRA categories. Prior to fiscal year 1988, payments for General Transportation Services were handled outside of the normal payment system. Also on several tables, a new eligibility category is listed for those individuals for whom the State pays Medicare cost-sharing expenses. This coverage was mandated by the Medicare Catastrophic Coverage Act of 1988.

Program regulations allow providers to submit claims as late as twelve months after the date a service is provided. Since the statistics in the following tables are based on the date payment is made, rather than the date service is provided, the statistics represent some services provided in the previous fiscal year. When major claims processing changes are instituted, delays in payment may also occur.

Because many services for persons aged 65 years and older or disabled persons are partially funded by the federal Medicare program, the number of services provided and the payments made through the Maryland Medical Assistance Program for these persons do not represent all the health care services they receive.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 1. AVERAGE NUMBER OF ENROLLEES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1990

RESIDENCE OF ENROLLEE	All Categories	ELIGIBILITY CATEGORY[1]													
		Federally Matched Categorically Indigent						Federally Matched Medically Indigent					Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND1	SA
TOTAL STATE	347,100	18,461	368	45,645	38	207,926	16,605	16	8,250	6,321	11,721	8,577	15,998	6,126	1,048
BALTIMORE CITY	173,712	7,322	227	20,228	16	115,709	4,020	6	4,594	2,847	3,245	2,128	10,952	1,931	487
TOTAL COUNTIES	173,388	11,139	141	25,417	22	92,217	12,585	10	3,656	3,474	8,476	6,449	5,046	4,195	561
Allegany	8,087	316	10	1,181	1	4,330	613	0	139	106	521	299	195	372	4
Anne Arundel	15,499	694	1	2,352	1	8,849	890	1	269	285	610	542	650	306	49
Baltimore	26,702	1,470	40	3,791	2	14,837	2,580	1	718	411	870	792	651	472	65
Calvert	2,732	122	1	409	0	1,334	175	0	55	62	234	152	74	103	13
Caroline	1,958	244	5	325	0	955	116	1	34	21	98	93	27	31	8
Carroll	3,359	219	2	597	0	1,437	373	0	77	94	196	147	68	118	31
Cecil	4,084	138	1	570	1	2,166	204	1	66	115	345	245	112	118	2
Charles	5,607	256	3	705	3	3,242	301	0	99	76	369	228	149	132	44
Dorchester	3,156	375	0	366	0	1,811	186	0	35	24	132	73	51	75	28
Frederick	4,673	240	1	762	0	2,177	423	0	134	102	311	266	90	135	26
Garrett	2,775	142	1	419	2	1,218	174	0	56	35	316	182	43	179	8
Harford	6,245	265	4	1,032	0	3,147	413	0	92	183	432	318	130	193	36
Howard	3,669	235	2	586	0	1,825	298	0	77	77	176	184	94	98	17
Kent	1,040	128	2	152	0	445	80	0	23	10	77	61	13	46	3
Montgomery	22,294	2,525	21	3,167	2	10,139	2,013	4	558	492	823	585	1,442	487	36
Prince George's	34,852	1,768	33	5,002	7	20,836	1,695	1	693	948	1,361	1,056	745	625	82
Queen Anne's	1,650	160	1	219	0	718	149	0	49	34	135	93	42	50	0
St. Mary's	3,994	307	5	536	1	2,070	248	0	69	72	264	173	133	100	16
Somerset	2,417	322	0	347	0	1,159	189	0	42	28	139	92	41	56	12
Talbot	1,797	164	2	288	0	818	174	1	44	28	116	79	29	42	12
Washington	8,021	342	2	1,237	2	4,160	662	0	171	156	486	395	123	257	28
Wicomico	6,233	412	4	1,035	0	3,315	436	0	116	69	314	253	109	136	34
Worcester	2,544	289	0	339	0	1,237	193	0	40	46	151	141	35	64	7

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories. Columns may not add due to rounding.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 2. PAYMENTS BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1990

ELIGIBILITY CATEGORY	All Services	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Home & Community	Special Services
All Categories[1]	$1,138,429,241	$399,190,800	$18,512,808	$272,790,198	$70,897,936	$89,633,742	$106,271,683	$71,430,045	$3,616,337	$75,668,307	$30,417,385
Federally Matched Categorically Indigent	549,510,873	212,969,614	5,538,742	39,628,951	34,341,384	60,710,042	69,974,718	44,716,415	2,837,798	57,587,332	21,205,879
OAA	65,853,279	12,690,952	2,253,170	23,262,906	258,271	2,168,912	4,435,593	9,179,178	42,957	9,837,741	1,723,601
PANB	1,321,709	301,129	0	186,894	105,666	91,062	141,979	143,987	1,692	259,910	89,392
APTD	272,692,341	92,747,908	2,670,005	16,230,569	33,977,447	19,242,161	27,095,563	22,391,034	269,794	46,165,439	11,902,422
EP	157,087	57,771	0	23,656	0	10,310	17,619	15,863	14	11,583	20,272
AFDC/ADULT	93,174,049	44,136,794	615,566	22,788	0	18,964,537	17,786,886	7,321,640	463,760	408,757	3,453,319
AFDC/CHILD	116,312,409	63,035,061	0	-97,861	0	20,233,060	20,497,078	5,664,713	2,059,582	903,902	4,016,874
Federally Matched Medically Indigent	485,699,100	120,654,018	12,974,066	232,876,712	36,556,553	15,268,497	23,497,796	20,118,756	530,806	16,768,860	6,453,036
MAO	243,682,397	7,773,278	5,910,174	208,154,859	209,805	1,006,708	3,988,817	12,951,603	29,051	1,283,644	2,374,459
MAB	113,251	2,623	0	78,089	0	5,765	6,229	6,774	0	6,072	7,699
MAD	117,463,950	29,525,471	3,949,170	24,620,676	35,743,016	3,310,550	3,977,709	4,881,967	36,271	9,587,493	1,831,627
MAFC	29,368,002	20,738,207	2,275,785	0	603,732	2,518,731	1,787,630	482,672	179,677	202,039	579,527
MAC	38,268,935	26,273,267	748,990	0	0	1,938,225	2,213,643	588,825	205,717	5,504,063	796,206
MAR	16,590,024	11,504,511	88,245	23,088	0	1,888,433	2,010,172	666,750	35,146	93,933	279,745
SOBRA/ADULT[2]	26,397,688	13,379,280	1,701	0	0	3,994,550	8,170,149	370,874	44,311	25,350	411,472
SOBRA/CHILD[3]	13,814,853	11,457,382	0	0	0	605,534	1,343,448	169,291	632	66,265	172,302
Non-Federally Matched	103,219,267	65,567,168	0	284,535	0	13,655,203	12,799,169	6,594,875	247,733	1,312,115	2,758,469
GPA	53,873,506	28,773,247	0	71,160	0	9,201,926	7,656,618	5,103,661	161,146	832,160	2,073,588
STD 1	48,119,637	36,289,668	0	213,375	0	4,220,777	4,873,511	1,404,125	64,431	431,188	622,562
SA	935,146	399,853	0	0	0	178,087	148,925	87,088	22,116	48,767	50,309
CATASTROPHIC	290,978	104,399	0	0	0	54,414	120,115	0	39	0	12,010

[1] Does not include premiums paid for Part B of Medicare and capitation payments for health maintenance organizations.
[2] Payments for SOBRA/ADULT may be included under "MAR" in other tables where specific information on SOBRA is not available.
[3] Payments for SOBRA/CHILD may be included under "MAC" in other tables where specific information on SOBRA is not available.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 3. PAYMENTS BY RESIDENCE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1990

RESIDENCE OF ENROLLEE	All Categories[1]	Federally Matched Categorically Indigent					Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	GPA	NFED	MMI
TOTAL STATE	$1,138,429,241	$65,853,279	$1,321,709	$272,692,341	$157,087	$209,486,458	$53,873,506	$48,119,637	$935,146
Baltimore City	458,810,324	29,182,843	747,738	122,250,196	29,579	106,355,299	36,357,358	19,141,223	436,062
Total Counties	679,619,642	36,670,436	573,971	150,442,144	127,508	103,131,159	17,516,148	28,978,414	499,084
Allegany	28,394,782	1,069,060	75,460	5,794,878	3,800	4,871,197	733,968	912,199	697
Anne Arundel	59,588,344	2,384,445	19	13,945,481	61	9,971,111	2,409,107	2,858,974	38,510
Baltimore	111,748,932	4,265,544	147,687	23,595,853	6,445	15,158,526	2,985,390	3,222,701	59,165
Calvert	10,327,297	705,235	9,565	2,317,070	0	1,416,148	368,333	893,744	4,677
Caroline	7,447,428	989,175	15,312	1,401,495	0	1,007,710	105,840	116,465	9,489
Carroll	18,224,317	1,172,389	27,277	4,217,286	0	1,761,345	335,814	634,594	29,289
Cecil	15,513,006	637,298	0	3,848,177	1,874	2,853,831	408,351	606,070	0
Charles	18,655,532	1,131,159	43,775	3,253,545	25,130	4,825,171	615,677	793,582	36,282
Dorchester	10,514,493	1,378,475	0	1,809,749	0	2,372,305	196,887	307,870	8,872
Frederick	20,803,611	1,287,548	2,796	4,402,492	0	2,335,098	373,342	992,645	13,302
Garrett	9,375,002	511,165	19	2,109,712	18,943	1,147,797	165,832	606,336	2,145
Harford	24,706,489	914,615	3,496	5,377,296	0	3,616,163	649,108	1,669,391	40,232
Howard	14,653,282	910,951	8,224	3,260,147	0	1,858,678	446,904	700,601	1,295
Kent	3,906,111	279,730	3,719	940,523	0	550,147	40,206	149,355	1,093
Montgomery	95,279,730	6,802,960	69,160	18,414,250	1,078	10,683,023	2,839,754	3,337,598	61,264
Prince George's	126,979,614	5,453,870	101,961	31,519,613	66,466	24,177,083	2,649,561	7,518,972	61,579
Queen Anne's	7,122,014	448,191	56	1,260,528	0	782,348	253,083	441,130	0
St. Mary's	15,685,112	1,047,399	30,623	3,720,176	348	2,498,196	635,529	557,183	1,595
Somerset	8,900,021	1,021,970	0	1,442,403	0	1,590,127	168,405	254,372	3,409
Talbot	8,243,213	547,259	5,494	1,746,195	0	1,129,983	139,475	333,587	6,543
Washington	29,210,435	1,449,563	274	7,355,866	3,242	3,871,096	400,065	945,021	14,715
Wicomico	23,903,761	1,454,582	29,055	6,519,232	121	3,334,968	530,346	632,840	94,072
Worcester	10,437,116	807,853	0	2,190,178	0	1,320,434	165,170	493,182	10,859
Credits	-725					-725			

[1] Does not include premiums paid for Part B of Medicare and capitation payments for health maintenance organizations.

TABLE 3. PAYMENTS BY RESIDENCE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1990 (Cont'd.)

	Federally Matched Medically Indigent								
	MAO	MAB	MAD	MAFC	MAC	MAR	SOBRA/ADULT	SOBRA/CHILD	CATASTROPHIC
TOTAL STATE	$243,682,397	$113,251	$117,463,950	$29,368,002	$38,268,935	$16,590,024	$26,397,688	$13,814,853	$290,978
Baltimore City	60,696,167	15,338	45,608,612	11,652,123	12,661,397	4,975,751	5,724,307	2,895,560	80,769
Total Counties	182,986,230	97,913	71,855,337	17,715,878	25,607,538	11,614,273	20,673,381	10,919,293	210,209
Allegany	8,894,997	39	3,221,560	650,918	799,830	377,758	610,078	368,437	9,906
Anne Arundel	13,882,185	20,760	5,778,428	1,962,246	2,233,819	1,019,044	1,907,776	1,154,627	21,750
Baltimore	40,082,808	2,808	12,860,681	1,949,504	2,387,464	1,124,810	2,901,291	974,265	23,989
Calvert	2,007,872	0	663,756	204,034	709,091	301,332	629,362	191,703	5,375
Caroline	1,634,258	184	920,223	270,646	130,460	86,044	342,728	413,087	4,310
Carroll	6,064,870	0	1,576,127	420,189	474,187	677,371	495,993	228,662	8,924
Cecil	2,945,269	1,189	1,289,194	807,058	454,001	192,116	783,754	679,683	5,141
Charles	3,539,947	0	1,682,503	254,903	548,502	549,315	750,999	604,823	220
Dorchester	2,642,023	0	695,978	287,897	304,095	71,926	288,121	142,528	7,770
Frederick	6,235,230	0	2,593,126	436,613	657,420	437,791	783,624	244,853	7,730
Garrett	2,588,267	0	1,114,048	102,741	233,020	242,249	381,207	147,383	4,138
Harford	5,802,535	843	2,298,531	1,111,069	1,314,702	440,908	995,365	467,608	4,629
Howard	3,875,434	0	1,202,334	661,828	557,574	312,110	623,888	224,464	9,449
Kent	1,037,499	0	369,942	82,809	111,367	55,029	174,042	106,235	4,414
Montgomery	30,828,444	49,969	10,630,177	2,556,124	5,045,650	1,023,283	1,642,697	1,283,814	10,486
Prince George's	22,724,619	10,736	14,923,539	2,716,960	6,506,056	3,361,713	3,662,541	1,505,789	18,556
Queen Anne's	1,889,604	0	907,934	362,549	155,037	89,709	281,365	244,772	5,709
St. Mary's	3,363,958	549	1,435,787	373,457	914,806	183,452	611,213	306,987	3,856
Somerset	2,858,740	0	668,941	219,504	198,871	137,713	253,164	77,099	5,301
Talbot	2,187,803	15,029	812,050	470,584	243,207	46,768	313,361	243,710	2,165
Washington	8,804,086	-1,387	3,095,850	759,856	428,065	496,559	873,067	692,349	22,147
Wicomico	6,195,525	48	2,148,323	562,834	817,234	291,043	846,967	427,780	18,793
Worcester	2,900,256	-2,853	966,304	491,558	283,079	96,231	520,778	188,635	5,453

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TABLE 4. PAYMENTS BY RESIDENCE AND SERVICE: FISCAL YEAR 1990

RESIDENCE OF ENROLLEES	All Services[1]	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Community Health	Special Services
TOTAL STATE	$1,138,429,241	$399,190,800	$18,512,808	$272,790,198	$70,897,936	$89,633,742	$106,271,683	$71,430,045	$3,616,337	$75,668,307	$30,417,385
Baltimore City	458,810,324	190,194,012	7,756,095	76,155,334	20,789,351	51,578,459	40,277,557	28,809,448	1,488,053	30,009,975	11,751,931
Total Counties	679,619,642	208,997,403	10,756,713	196,634,864	50,108,585	38,055,332	65,994,186	42,620,597	2,128,284	45,658,222	18,665,454
Allegany	28.394,782	5,808,874	1,121,160	8,949,988	2,572,534	2,333,945	2,926,511	2,346,787	135,762	1,648,223	550,999
Anne Arundel	59,588,344	20,953,471	1,435,498	15,148,220	3,029,805	3,400,924	5,771,152	3,621,664	215,559	4,546,406	1,465,646
Baltimore	111,748,932	28,097,831	756,314	40,854,824	7,672,035	7,300,416	9,170,614	6,949,262	328,095	7,775,081	2,845,974
Calvert	10,327,297	3,549,872	224,109	2,310,722	181,485	580,084	1,583,202	713,321	36,847	791,797	355,858
Caroline	7,447,428	1,898,601	298,030	2,241,599	825,086	379,827	789,600	563,315	24,614	208,066	218,690
Carroll	18,224,317	4,159,109	520,527	6,363,065	1,115,914	714,569	1,543,242	1,155,025	50,208	2,157,535	445,123
Cecil	15,513,006	5,132,168	147,429	3,262,580	1,899,417	1,136,937	1,798,172	1,139,680	60,320	527,679	408,624
Charles	18,655,532	7,686,992	122,883	4,229,692	529,572	1,181,753	2,363,611	1,182,706	66,459	615,154	676,710
Dorchester	10,514,493	2,969,056	346,639	2,757,921	742,002	575,565	1,204,265	788,523	37,816	677,860	414,847
Frederick	20,803,611	4,388,601	631,803	7,199,304	1,889,345	1,140,889	2,416,636	1,347,017	56,072	1,415,438	318,506
Garrett	9,375,002	1,789,732	246,022	3,027,288	587,531	706,746	950,736	793,703	54,158	722,501	496,586
Harford	24,706,489	8,366,393	282,589	6,241,297	1,303,939	1,561,518	2,668,820	1,725,965	87,979	1,797,878	670,109
Howard	14,653,282	4,539,936	121,589	3,962,964	931,263	761,053	1,389,950	1,005,245	36,396	1,599,892	304,992
Kent	3,906,111	1,120,026	72,247	988,465	353,748	220,322	376,528	354,958	9,228	305,132	105,456
Montgomery	95,279,730	27,735,944	860,593	33,043,494	7,419,714	3,933,817	8,209,796	5,538,767	271,129	5,739,834	2,526,642
Prince George's	126,979,614	54,089,292	623,790	26,443,149	9,800,069	7,167,991	11,478,324	5,950,001	312,833	8,489,687	2,624,479
Queen Anne's	7,122,014	2,487,101	119,145	1,797,764	674,525	288,382	777,294	501,608	20,816	325,589	129,790
St. Mary's	15,685,112	5,078,210	227,491	3,606,706	1,279,870	743,251	2,255,227	1,013,293	34,228	743,898	702,938
Somerset	8,900,021	1,793,380	212,447	2,919,728	415,320	433,014	1,040,334	687,407	30,760	599,457	768,172
Talbot	8,243,213	2,246,810	66,042	2,444,454	1,355,703	397,317	782,803	582,028	21,079	228,061	118,915
Washington	29,210,435	6,273,939	972,479	9,406,334	2,055,294	1,615,071	2,992,722	2,413,182	121,848	2,794,950	564,616
Wicomico	23,903,761	6,269,748	1,087,290	6,116,796	2,394,478	1,109,233	2,439,304	1,623,949	92,121	1,548,903	1,222,029
Worcester	10,437,116	2,562,318	260,599	3,318,510	1,079,936	372,706	1,065,345	623,189	23,956	400,806	729,751
CREDITS	-725	-615				-49	-60				

[1] Does not include payments for Part B of Medicare and payments to health maintenance organizations.

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TABLE 5. AVERAGE PAYMENT PER ENROLLEE BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1990

ELIGIBILITY CATEGORY	All Services[2]	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Community Health	Special Services
	TYPE OF SERVICE										
All Categories[1]	$3,280	$1,150	$53	$786	$204	$258	$306	$206	$10	$218	$88
Federally Matched Categorically Indigent	2,017	782	20	145	126	223	257	164	10	211	78
OAA	3,567	687	122	1,260	14	117	240	497	2	533	93
PANB	3,592	818	0	508	287	247	386	391	5	706	243
APTD	5,974	2,032	58	356	744	422	594	491	6	1,011	261
EP	4,134	1,520	0	623	0	271	464	417	0	305	533
AFDC/ADULT	1,280	606	8	0	0	261	244	101	6	6	47
AFDC/CHILD	861	466	0	-1	0	150	152	42	15	7	30
Federally Matched Medically Indigent	9,433	2,343	252	4,523	710	297	456	391	10	226	125
MAO	14,675	468	356	12,536	13	61	240	780	2	77	143
MAB	7,078	164	0	4,881	0	360	389	423	0	380	481
MAD	14,238	3,579	479	2,984	4,332	401	482	592	4	1,162	222
MAFC	4,646	3,281	360	0	96	398	283	76	28	32	92
MAC	4,444	3,219	64	0	0	217	303	65	18	475	83
MAR	5,012	2,901	10	3	0	686	1,187	121	9	14	81
Non-Federally Matched	4,454	2,829	0	12	0	589	552	285	11	57	119
GPA	3,368	1,799	0	4	0	575	479	319	10	52	130
STD 1	7,855	5,924	0	35	0	689	796	229	11	70	102
SA	892	382	0	0	0	170	142	83	21	47	48

[1] See Appendix, Glossary of Terms, for definition of eligibility categories.

[2] Does not include premiums paid for buy-in of Part B of Medicare and capitation payments for health maintenance organizations.

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TABLE 6. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1990

RESIDENCE OF ENROLLEE	All Categories[1,2]	OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND 1	SA
Total State	$3,280	$3,567	$3,592	$5,974	$4,134	$1,008	$14,675	$7,078	$14,238	$4,646	$4,444	$5,012	$3,368	$7,855	$892
Baltimore City	2,640	3,986	3,294	6,044	1,849	919	15,099	2,556	9,928	4,093	4,794	5,028	3,320	9,913	895
Total Counties	3,920	3,292	4,071	5,919	5,796	1,118	14,540	9,791	19,654	5,100	4,309	5,007	3,471	6,908	890
Allegany	3,511	3,383	7,546	4,907	3,800	1,125	14,511	0	23,177	6,141	2,242	3,304	3,764	2,452	174
Anne Arundel	3,845	3,436	19	5,929	61	1,127	15,598	20,760	21,481	6,885	5,555	5,400	3,706	9,343	786
Baltimore	4,185	2,902	3,692	6,224	3,223	1,022	15,536	2,808	17,912	4,743	3,864	5,083	4,586	6,828	910
Calvert	3,780	5,781	9,565	5,665	0	1,062	11,474	0	12,068	3,291	3,850	6,123	3,626	8,677	360
Caroline	3,804	4,054	3,062	4,312	0	1,055	14,088	184	27,065	12,888	5,546	4,610	3,920	3,757	1,186
Carroll	5,426	5,353	13,639	7,064	0	1,226	16,260	0	20,469	4,470	4,096	7,982	4,938	5,378	945
Cecil	3,798	4,618	0	6,751	1,874	1,318	14,438	1,189	19,533	7,018	3,286	3,983	3,646	5,136	0
Charles	3,327	4,419	14,592	4,615	8,377	1,488	11,761	0	16,995	3,354	3,126	5,703	4,132	6,012	825
Dorchester	3,332	3,676	0	4,945	0	1,310	14,204	0	19,885	11,996	3,384	4,932	3,861	4,105	317
Frederick	4,452	5,234	2,796	5,778	0	1,073	14,740	0	19,352	4,281	2,901	4,592	4,148	7,353	512
Garrett	3,378	3,600	19	5,035	9,471	942	14,875	0	19,894	2,935	1,204	3,426	3,857	3,387	268
Harford	3,956	3,451	874	5,211	0	1,149	13,050	0	24,984	6,071	4,126	4,517	4,993	8,650	1,118
Howard	3,994	3,876	4,112	5,563	0	1,018	13,005	0	15,615	8,595	4,443	5,087	4,754	7,149	76
Kent	3,756	2,185	1,860	6,188	0	1,236	12,969	0	16,084	8,281	2,826	3,755	3,093	3,247	364
Montgomery	4,274	2,694	3,293	5,814	539	1,054	15,315	12,492	19,050	5,195	7,691	4,557	1,969	6,853	1,702
Prince George's	3,643	3,085	4,090	6,301	9,495	1,160	13,407	10,736	21,535	2,866	5,887	6,652	3,556	12,030	751
Queen Anne's	4,316	2,801	56	5,756	0	1,090	12,682	0	18,529	10,663	2,962	3,990	6,026	8,823	0
St. Mary's	3,927	3,412	6,125	6,941	348	1,207	13,564	0	20,809	5,187	4,628	4,593	4,778	5,572	100
Somerset	3,682	3,174	0	4,157	0	1,384	15,126	0	15,927	7,839	1,985	4,249	4,107	4,542	284
Talbot	4,587	3,337	2,747	6,063	0	1,381	12,574	15,029	18,456	16,807	4,198	4,559	4,809	7,943	545
Washington	3,642	4,238	137	5,947	1,621	931	13,299	0	18,104	4,871	2,305	3,467	3,253	3,677	526
Wicomico	3,835	3,531	7,264	6,299	0	1,006	14,210	0	18,520	8,157	3,965	4,498	4,866	4,653	2,767
Worcester	4,103	2,795	0	6,461	0	1,066	15,027	0	24,158	10,686	3,124	4,376	4,719	7,706	1,551

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories.
[2] Does not include premiums paid for buy-in of Part B Medicare and capitation payments for health maintenance organizations.

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TABLE 7. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND SERVICE TYPE: FISCAL YEAR 1990

RESIDENCE OF ENROLLEE	All Services[1]	Hospital Inpatient	State Hospital	Nursing Facility	Hospital ICF-MR	Outpatient	Physician	Pharmacy	Dental	Community Health	Special Services
Total State	$3,280	$1,150	$53	$786	$204	$258	$306	$206	$10	$218	$88
Baltimore City	2,641	1,095	45	438	120	297	232	166	9	173	68
Total Counties	3,920	1,205	62	1,134	289	219	381	246	12	263	108
Allegany	3,511	718	139	1,107	318	289	362	290	17	204	68
Anne Arundel	3,845	1,352	93	977	195	219	372	234	14	293	95
Baltimore	4,185	1,052	28	1,530	287	273	343	260	12	291	107
Calvert	3,780	1,299	82	846	66	212	580	261	13	290	130
Caroline	3,804	970	152	1,145	421	194	403	288	13	106	112
Carroll	5,426	1,238	155	1,894	332	213	459	344	15	642	133
Cecil	3,798	1,257	36	799	465	278	440	279	15	129	100
Charles	3,327	1,371	22	754	94	211	422	211	12	110	121
Dorchester	3,332	941	110	874	235	182	382	250	12	215	131
Frederick	4,452	939	135	1,541	404	244	517	288	12	303	68
Garrett	3,378	645	89	1,091	212	255	343	286	20	260	179
Harford	3,956	1,340	45	999	209	250	427	276	14	288	107
Howard	3,994	1,237	33	1,080	254	207	379	274	10	436	83
Kent	3,756	1,077	69	950	340	212	362	341	9	293	101
Montgomery	4,274	1,244	39	1,482	333	176	368	248	12	257	113
Prince George's	3,643	1,552	18	759	281	206	329	171	9	244	75
Queen Anne's	4,316	1,507	72	1,090	409	175	471	304	13	197	79
St. Mary's	3,927	1,271	57	903	320	186	565	254	9	186	176
Somerset	3,682	742	88	1,208	172	179	430	284	13	248	318
Talbot	4,587	1,250	37	1,360	754	221	436	324	12	127	66
Washington	3,642	782	121	1,173	256	201	373	301	15	348	70
Wicomico	3,835	1,006	174	981	384	178	391	261	15	248	196
Worcester	4,103	1,007	102	1,304	425	147	419	245	9	158	287

[1]Does not include premiums paid for by-in of Part B of Medicare and capitation payments for health maintenance organizations.

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TABLE 8. NUMBER OF SELECTED SERVICES BY RESIDENCE OF RECIPIENT: FISCAL YEAR 1990

RESIDENCE OF ENROLLEE	Gen. Hosp. Days	Nurs. Fac. Days	ICF-MR Days	Hosp OPD Visits	ER Visits	Physician Visits	Pharmacy Invoices	Dental Services	Home Health	Day Care Days	Personal Care Days	Waiver Services
Total State	513,885	5,333,741	467,782	283,045	200,051	722,689	3,747,268	438,983	114,013	255,777	948,157	782,280
Baltimore City	253,373	1,416,455	135,378	221,324	90,194	251,044	1,487,940	194,696	55,950	95,739	541,474	268,855
Total Counties	260,512	3,917,286	332,404	61,721	109,857	471,645	2,259,328	244,287	58,063	160,038	406,683	513,425
Allegany	9,884	192,313	16,459	588	12,067	21,960	137,806	14,584	1,318	12,365	29,513	12,398
Anne Arundel	25,487	299,681	19,145	6,499	8,444	46,178	190,906	24,020	5,518	29,675	34,250	55,006
Baltimore	35,619	835,654	50,001	26,821	11,943	60,709	373,873	37,994	11,124	16,963	66,756	62,685
Calvert	5,409	44,743	1,167	317	1,482	8,947	38,659	3,991	853	2,343	8,889	13,177
Caroline	2,701	46,868	5,692	131	1,399	4,689	31,682	2,973	245	34	5,534	1,094
Carroll	4,764	127,415	7,238	767	1,419	11,977	59,441	5,325	687	552	11,223	35,293
Cecil	6,555	66,335	13,065	869	2,765	16,622	59,986	6,243	2,634	1,320	490	12,114
Charles	8,602	76,924	3,533	490	4,174	14,996	60,940	7,712	912	4,917	1,875	6,071
Dorchester	4,454	55,557	5,125	309	2,212	9,155	44,808	4,603	546	4,784	25,949	377
Frederick	6,780	146,101	12,761	534	3,355	11,552	73,664	6,679	1,743	9,520	7,818	14,798
Garrett	3,304	63,772	3,714	70	6,418	7,823	46,071	5,474	1,027	1,166	11,125	4,253
Harford	9,910	123,664	8,778	3,798	2,729	20,763	89,463	10,123	4,518	2,673	13,518	19,405
Howard	5,642	78,547	5,986	949	1,791	8,615	49,090	4,3[illegible]	1,173	2,755	13,012	19,099
Kent	1,404	21,219	2,420	64	702	3,333	19,868	1,096	237	1,822	5,029	3,910
Montgomery	31,300	618,692	49,578	3,634	10,156	72,688	273,236	28,308	8,626	16,282	28,794	73,553
Prince George's	62,835	486,460	64,752	14,027	19,926	74,103	318,707	41,754	8,380	14,206	19,145	127,877
Queen Anne's	2,799	39,623	4,685	421	990	5,720	29,443	2,381	384	3,952	1,690	1,212
St. Mary's	6,676	76,894	8,198	166	2,015	14,420	52,011	4,148	403	5,549	7,704	5,236
Somerset	2,547	57,220	2,862	97	1,100	5,459	40,095	3,263	447	4,296	27,680	2,510
Talbot	2,848	55,793	9,273	167	1,802	5,977	27,806	2,490	628	857	3,374	1,506
Washington	8,770	205,909	14,042	385	7,836	24,620	124,743	14,386	1,425	9,732	40,994	22,260
Wicomico	8,522	129,751	16,434	454	4,239	15,252	82,836	9,368	3,337	14,275	33,096	12,982
Worcester	3,700	68,155	7,496	164	893	6,087	34,194	3,041	1,898	0	9,225	6,609

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TABLE 9. SELECTED RECIPIENTS AND DAYS OF INSTITUTIONAL CARE BY TYPE OF CARE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1990

ELIGIBILITY CATEGORY	General Hospitals			Inpatient M.H.		SNF		ICF-Other		ICF-MR	
	Recipients Discharged	Number of Discharges	Total Days of Care	Recipients	Days of Care	Recipients	Days of Care	Recipients	Days of Care	Recipients	Days of Care
Total - All Categories	71,889	94,864	513,885	931	192,371	2,308	278,878	20,731	5,054,863	1,407	467,782
Federally Matched Categorically Indigent	39,362	52,055	298,961	187	38,590	285	30,592	2,571	635,927	682	219,234
OAA	1,153	1,781	17,711	41	21,988	181	17,200	1,567	378,817	6	1,628
PANB/EP	42	73	441	0	0	1	32	13	3,722	2	694
APTD	7,324	13,708	129,119	37	7,526	100	13,300	978	252,039	674	216,912
AFDC/A	12,084	15,068	59,727	0	0	0	0	8	589	0	0
AFDC/C	18,759	21,426	91,962	109	9,076	3	0	5	760	0	0
Federally Matched Medically Indigent	19,245	23,167	126,299	733	152,723	2,007	247,425	18,046	4,405,132	725	248,548
MAO	389	514	4,812	150	57,438	1,834	226,106	16,335	3,960,790	4	1,431
MAB	0	0	0	0	0	0	0	7	1,839	0	0
MAD	1,671	2,904	28,691	14	1,930	172	21,250	1,699	441,165	708	243,053
MAFC/MAC	4,108	5,210	41,497	565	93,087	0	0	0	0	13	4,064
MAR	2,241	2,787	13,518	0	0	1	69	5	1,338	0	0
SOBRA/A	5,771	6,352	16,820	3	105	0	0	0	0	0	0
SOBRA/C	5,065	5,400	20,961	1	163	0	0	0	0	0	0
Non-Federally Matched	13,282	19,642	88,626	11	1,058	16	861	114	13,804	0	0
GPA	6,392	10,599	45,471	0	0	7	507	27	3,847	0	0
STD 1	6,824	8,969	42,842	6	404	9	354	87	9,957	0	0
SA	66	73	314	5	654	0	0	0	0	0	0

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TABLE 10. NUMBER OF RECIPIENTS OF SERVICES BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1990

		ELIGIBILITY CATEGORY														
ALL SERVICES	Total Recipients	OAA	PANB/EP	APTD	AFDC ADULT	AFDC CHILD	MAO	MAB	MAD	MAFC/MAC	MAR	GPA	STD 1	SA	SOBRA ADULT	SOBRA CHILD
One of More Types of Service	412,187	18,489	347	41,385	65,298	157,399	25,436	28	8,922	20,515	7,451	25,651	19,006	902	11,752	9,606
Inpatient Hospital[1]	103,183	10,164	118	14,972	12,448	19,858	9,060	13	4,194	4,848	2,406	6,713	7,316	80	5,863	5,130
Outpatient Hospital	172,507	1,865	145	20,165	34,442	64,933	1,064	5	2,895	9,271	3,585	14,368	7,553	361	8,170	3,685
Nursing Facility	23,039	1,748	14	1,078	8	8	18,169	7	1,871	0	6	34	96	0	0	0
ICF-MR	1,407	6	2	674	0	0	4	0	708	13	0	0	0	0	0	0
Home Health	3,978	131	13	1,380	262	574	64	1	353	217	64	450	354	5	47	63
Day Care	1,763	499	11	1,009	1	0	110	0	107	0	2	11	13	0	0	0
Personal Care	5,190	2,149	39	2,187	47	13	348	1	214	9	9	130	40	2	0	2
Physician Services	282,376	15,831	261	33,917	44,721	91,537	18,347	18	7,086	14,348	5,335	20,557	13,420	625	9,470	6,903
Clinic Services	58,872	451	44	7,901	11,064	22,928	251	2	750	3,068	1,189	3,257	1,509	98	5,497	863
EPSDT Services	33,649	1	4	471	8	28,034	3	0	13	3,176	37	29	107	113	286	3,367
Rural Health	963	45	0	87	175	354	30	0	8	73	21	7	22	1	75	65
Pharmacy	266,064	15,643	280	34,723	44,733	88,430	18,696	17	6,119	11,797	4,305	19,290	8,605	579	7,718	5,129
Dental Services	57,438	787	52	4,870	9,348	29,561	590	1	603	4,791	662	3,275	1,039	294	1,065	500
Lab & X-Ray	75,696	1,567	66	10,243	19,280	17,951	4,835	5	2,030	3,092	1,812	6,126	2,911	112	5,172	494
Vision Care	47,213	2,839	44	7,313	8,923	13,601	1,465	3	1,210	2,286	978	5,137	2,091	97	1,033	193
Amb/WCV/Trans[2]	70,943	4,111	102	11,455	11,330	23,957	7,867	3	2,193	1,798	521	4,058	1,555	59	1,268	666
Physical Therapist	1,313	120	3	230	156	71	394	0	113	26	10	106	76	1	5	2
Podiatry	14,794	2,509	17	2,995	1,040	403	5,695	6	966	103	92	617	279	6	57	9
Medical Supplies	16,201	2,192	44	4,369	711	2,370	3,323	3	1,027	466	113	872	421	26	69	195
Waivers/STEPS CM[3]	1,812	314	4	874	36	21	86	0	274	102	4	54	19	0	21	3
HMO	63,166	510	29	2,453	15,863	40,885	16	0	219	741	259	1,601	265	71	144	110

[1] Recipients of Inpatient Hospital include all hospital facilities(general, special, and State facilities).
[2] Recipients of Amb/WCV/Trans include general transportation, beginning in fiscal year 1988.
[3] Recipients include 853 recipients of STEPS case management.

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TABLE 11. PAYMENTS, RECIPIENTS, AND AVERAGE PAYMENT PER RECIPIENT OF SERVICE BY RACE: FISCAL YEAR 1990

	Payments				Recipients				Average Payment		
Type of Service	Total Payments	White Recipients	Black Recipients	Other Recipients	All Recip	White Recip	Black Recip	Other Recip	All Recip	White Recip	Black Recip	Other Recip
	$1,198,016,054	$607,895,825	$563,123,558	$26,996,670	412,187	160,691	239,175	12,321	$2,906	$3,783	$2,354	$2,192
Inpatient Hospital[1]	417,703,608	164,697,904	239,641,692	13,364,012	103,183	46,693	53,502	2,988	4,048	3,527	4,479	4,473
Outpatient Hospital	89,633,742	33,056,520	54,658,430	1,918,792	172,507	66,024	102,661	3,822	520	501	532	502
Nursing Facility	272,790,198	203,225,456	66,693,150	2,871,592	23,039	17,456	5,375	208	11,840	11,642	12,408	13,806
ICF-MR	70,897,936	51,825,609	18,663,337	408,990	1,407	1,026	372	9	50,389	50,512	50,170	45,443
Home Health	5,677,452	2,272,422	3,218,516	186,514	3,978	1,552	2,306	120	1,427	1,464	1,396	1,554
Day Care	9,656,636	5,178,769	4,223,050	254,817	1,763	924	792	47	5,477	5,605	5,332	5,422
Personal Care	15,347,886	6,097,080	8,948,491	302,315	5,190	2,122	2,967	101	2,957	2,873	3,016	2,993
Physician Services	77,334,284	35,851,596	38,544,398	2,938,291	282,376	125,796	146,639	9,941	274	285	263	296
Clinic Services	26,296,172	12,830,912	12,847,639	617,621	58,872	21,856	35,816	1,200	447	587	359	515
EPSDT Services	2,479,389	947,006	1,485,495	46,888	35,649	12,558	22,419	672	70	75	66	70
Rural Health	161,838	76,013	85,394	431	963	378	577	8	168	201	148	54
Pharmacy	71,430,045	38,449,438	30,535,135	2,445,472	266,064	115,137	141,977	8,950	268	334	215	273
Dental Services	3,616,337	1,580,960	1,903,867	131,511	57,438	23,140	32,644	1,645	63	68	58	80
Lab & X-Ray	4,490,153	1,817,568	2,482,558	190,027	75,696	31,297	41,468	2,931	59	58	60	65
Vision Care	2,437,408	923,043	1,445,789	68,576	47,213	18,215	27,694	1,304	52	51	52	53
Amb/WCV/Trans[2]	14,403,488	6,114,514	8,060,751	228,223	70,943	21,968	48,128	847	203	278	167	269
Physical Therapist	239,267	147,444	89,115	2,708	1,313	788	498	27	182	187	179	100
Podiatry	621,265	320,891	288,988	11,386	14,794	8,770	5,776	248	42	37	50	46
Medical Supplies	8,225,803	4,080,720	3,934,192	210,891	16,201	7,686	8,147	368	508	531	483	573
Waivers/STEPS[3]	44,986,334	31,823,034	12,694,794	468,506	1,812	1,122	671	19	24,827	28,363	18,919	24,658
HMO	59,586,813	6,578,923	52,678,782	329,103	63,166	7,733	55,048	385	943	851	957	855

[1] Inpatient Hospital includes all hospital facilities (general, special and State facilities).
[2] Amb/WCV/Trans includes general transportation services, which began in fiscal year 1988.
[3] Includes payments and recipients of STEPS case management services. See Tables 15 and 16.

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TABLE 12. PAYMENTS FOR SERVICES BY AGE, RACE AND SEX OF RECIPIENT:
FISCAL YEAR 1990

RACE AND SEX OF RECIPIENT	AGE OF RECIPIENT									
	Total	Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	+85
Total[1]	$1,198,016,054	$80,967,705	$60,363,635	$60,376,590	$77,295,718	$382,139,616	$202,622,630	$91,008,536	$127,107,598	$116,134,026
White	608,535,380	24,830,378	20,945,820	24,650,918	33,415,551	174,734,944	97,370,012	53,038,128	88,101,061	91,448,567
Male	220,084,507	13,894,379	12,917,182	14,723,051	11,375,094	79,349,065	39,674,296	16,316,636	20,350,841	11,483,963
Female	388,450,873	10,935,998	8,028,638	9,927,867	22,040,457	95,385,880	57,695,716	36,721,493	67,750,220	79,964,605
Black	562,500,055	52,878,526	38,560,341	34,052,284	42,314,722	201,958,963	100,957,981	32,944,232	35,647,802	23,185,203
Male	217,846,547	27,328,211	20,735,288	19,595,251	8,816,466	76,002,516	39,571,413	10,512,777	10,536,407	4,748,218
Female	344,653,508	25,550,315	17,825,053	14,457,033	33,498,256	125,956,448	61,386,569	22,431,456	25,111,395	18,436,985
Other[2]	26,980,619	3,258,802	857,473	1,673,388	1,565,444	5,445,709	4,294,637	5,026,175	3,358,735	1,500,256
Male	10,890,321	1,765,385	418,366	877,949	611,349	1,716,160	1,954,165	2,199,004	1,055,874	292,069
Female	16,090,288	1,493,406	439,108	795,439	954,096	3,729,549	2,340,472	2,827,171	2,302,861	1,208,187

[1] Total includes payments for health maintenance organizations.

[2] Figure includes $5,737,526 in payments for recipients of unknown race.

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TABLE 13. AVERAGE NUMBER OF ENROLLEES AND AVERAGE PAYMENT PER ENROLLEE
BY AGE, RACE, AND SEX: FISCAL YEAR 1990

RACE AND SEX OF ENROLLEE	AGE OF ENROLLEE									
	TOTAL	Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	+85
Total Enrollees	347,100	21,223	58,376	64,291	33,098	103,961	31,385	14,723	12,127	7,915
White	129,051	7,768	18,450	19,846	11,210	39,462	13,214	6,650	6,828	5,621
Male	48,249	4,017	9,394	10,163	3,512	11,681	5,100	1,873	1,664	845
Female	80,801	3,751	9,056	9,683	7,698	27,781	8,115	4,777	5,165	4,776
Black	206,630	12,782	38,826	43,046	20,771	61,989	16,784	6,258	4,171	2,003
Male	79,084	6,428	19,594	21,555	7,048	15,169	6,245	1,648	975	422
Female	127,547	6,354	19,233	21,491	13,723	46,821	10,539	4,610	3,196	1,581
Other[1]	11,419	672	1,100	1,399	1,117	2,510	1,387	1,815	1,128	291
Male	4,255	337	570	714	498	715	441	560	342	77
Female	7,164	335	530	684	619	1,795	946	1,255	787	215
AVERAGE PAYMENT[2]	$3,437	$3,799	$1,030	$935	$2,326	$3,661	$6,429	$6,156	$10,438	$14,611
White	4,696	3,183	1,131	1,237	2,968	4,410	7,338	7,942	12,849	16,201
Male	4,542	3,444	1,369	1,443	3,225	6,765	7,747	8,673	12,182	13,538
Female	4,788	2,903	883	1,021	2,851	3,419	7,080	7,655	13,064	16,672
Black	2,711	4,120	989	788	2,029	3,244	5,990	5,242	8,512	11,527
Male	2,743	4,234	1,054	905	1,246	4,990	6,310	6,351	10,761	11,195
Female	2,691	4,004	923	670	2,431	2,679	5,801	4,846	7,826	11,615
Other	2,353	4,830	776	1,191	1,395	2,161	3,084	2,758	2,964	5,128
Male	2,549	5,212	731	1,224	1,222	2,390	4,411	3,908	3,079	3,794
Female	2,237	4,445	826	1,157	1,535	2,069	2,464	2,244	2,914	5,605

1 Figure includes 2,787 enrollees of unknown race.
2 Average Payment figures include payments for health maintenance organizations.

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TABLE 14. AVERAGE NUMBER OF RECIPIENTS AND AVERAGE PAYMENT PER RECIPIENT
BY AGE, RACE, AND SEX: FISCAL YEAR 1990

RACE AND SEX OF RECIPIENTS	TOTAL	AGE OF RECIPIENT Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	+85
Total Recipients	412,187	33,818	61,628	67,011	37,716	122,157	40,711	20,102	16,924	12,120
White	160,691	12,262	19,341	21,847	13,442	47,960	17,218	9,885	9,921	8,815
Male	56,165	6,417	9,896	10,427	3,352	13,323	6,471	2,515	2,431	1,333
Female	104,526	5,845	9,445	11,420	10,090	34,637	10,747	7,370	7,490	7,482
Black	239,175	20,658	41,225	43,803	23,038	71,559	21,877	8,148	5,858	3,009
Male	88,332	10,466	20,971	21,838	6,029	16,817	7,980	2,144	1,459	628
Female	150,843	10,192	20,254	21,965	17,009	54,742	13,897	6,004	4,399	2,381
Other[1]	12,321	898	1,062	1,361	1,236	2,638	1,616	2,069	1,145	296
Male	4,382	469	570	684	465	667	488	629	331	79
Female	7,939	429	492	677	771	1,971	1,128	1,440	814	219
AVERAGE PAYMENT[2]	$2,906	$2,394	$979	$901	$2,049	$3,128	$4,977	$4,527	$7,510	$9,582
White	7,787	2,025	1,083	1,128	2,486	3,643	5,655	5,366	8,880	10,374
Male	3,919	2,165	1,305	1,412	3,394	5,956	6,131	6,488	8,371	8,615
Female	3,716	1,871	850	869	2,284	2,754	5,369	4,983	9,045	10,688
Black	2,352	2,560	935	777	1,837	2,822	4,615	4,043	6,085	7,705
Male	2,466	2,611	989	897	1,462	4,519	4,959	4,903	7,222	7,561
Female	2,285	2,507	880	658	1,969	2,301	4,417	3,736	5,708	7,743
Other	2,190	3,629	807	1,230	1,267	2,064	2,658	2,429	2,933	5,068
Male	2,485	3,764	734	1,284	1,315	2,573	4,004	3,496	3,190	3,697
Female	2,027	3,481	892	1,175	1,237	1,892	2,075	1,963	2,829	5,517

[1] Figure includes 1,992 recipients of unknown race.
[2] Average Payment figures include payments for health maintenance organizations.

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TABLE 15. PAYMENTS BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1990

TYPE OF CARE	Total	Age of Recipient in Years: Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	85+
All Services	$1,198,016,054	$80,430,362	$60,440,367	$60,464,942	$77,506,073	$382,525,060	$202,651,069	$91,079,492	$126,981,608	$115,937,079
Inpatient Hospital[1]	417,703,608	59,273,966	25,988,409	26,987,136	38,379,473	150,223,160	81,739,430	18,247,729	13,483,316	3,380,989
Outpatient Hospital	89,633,742	4,720,808	8,408,517	8,648,206	10,056,770	40,263,344	16,269,005	934,574	285,596	46,921
Nursing Facility	272,790,198	10,007	8,332	-71,120	112,682	8,229,316	25,488,278	44,986,719	92,893,439	101,132,546
ICF - MR	70,897,936	0	150,889	1,656,623	4,014,295	51,435,399	11,745,036	1,679,769	215,926	0
Home Health	5,677,452	431,907	591,576	231,456	250,786	1,739,023	2,133,079	151,510	106,210	41,903
Day Care	9,656,636	0	0	0	66,455	3,001,114	2,624,634	1,888,920	1,463,697	611,816
Personal Care	15,347,886	27,692	65,340	138,509	178,382	2,514,779	3,850,218	3,140,551	3,419,671	2,012,743
Physician Services	77,334,284	4,717,009	4,930,775	3,931,246	9,116,283	30,759,825	14,072,216	4,538,858	3,461,755	1,806,316
Clinic Services	26,296,172	516,805	1,199,209	1,921,295	2,731,434	14,222,138	5,039,171	534,924	125,605	5,592
EPSDT Services	2,479,389	1,124,876	846,065	319,182	69,612	83,490	34,462	204	1,497	0
Rural Health	161,838	29,422	26,857	16,280	15,530	57,684	10,796	1,815	2,202	1,253
Pharmacy	71,430,045	1,087,165	2,395,133	2,721,682	2,348,129	18,633,141	18,886,354	10,269,101	9,318,718	5,770,623
Dental Services	3,616,337	4,160	529,473	1,350,615	718,315	770,059	156,091	51,263	25,139	11,221
Lab & X-Ray	4,490,153	85,565	189,473	251,174	517,457	2,046,398	1,031,969	142,518	117,341	108,260
Vision Care	2,437,408	1,907	73,794	442,876	243,398	828,039	563,266	172,841	84,466	26,820
Amb/WCV/Trans[2]	14,403,488	445,127	858,241	1,125,430	697,919	5,728,061	3,374,792	1,080,864	739,062	353,992
Physical Therapist	239,267	550	9,439	2,659	2,059	38,433	34,963	51,259	59,704	40,202
Podiatry	621,265	686	1,029	11,050	15,575	178,768	167,804	89,215	91,847	65,292
Medical Supplies	8,225,803	679,416	1,008,807	836,462	421,994	1,899,574	1,860,062	505,288	570,098	444,102
Waiver/STEPS[3]	44,986,334	1,162,437	5,553,842	3,419,288	1,169,555	23,255,378	8,486,269	1,640,882	288,925	9,758
HMO	59,586,813	6,110,855	7,605,168	6,524,894	6,379,969	26,617,937	5,083,178	970,688	227,394	66,729

1 Payments for Inpatient Hospital include all hospital inpatient facilities (general, special, and State facilities).
2 Payments for Amb/WCV/Trans include general transportation services, which began in fiscal year 1988.
3 Payments include $51,795 in payments for STEPS Case Management.

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TABLE 16. NUMBER OF RECIPIENTS OF SERVICE BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1990

		Age of Recipient in Years								
TYPE OF CARE	Total	Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	85+
Any Service	412,187	33,818	61,628	67,011	37,716	122,157	40,711	20,102	16,924	12,120
Inpatient Hospital[1]	103,183	17,448	3,168	3,718	9,021	34,612	13,192	9,996	7,660	4,368
Outpatient Hospital	172,507	15,490	26,715	23,342	19,810	63,172	20,229	2,318	1,049	382
Nursing Facility	23,039	1	2	8	6	578	1,877	3,995	7,928	8,644
ICF - MR	1,407	0	4	34	86	1,009	234	35	5	0
Home Health	3,978	475	318	133	136	1,108	1,561	135	75	37
Day Care	1,763	0	0	0	16	470	506	365	284	122
Personal Care	5,190	7	20	48	64	803	1,322	1,123	1,146	657
Physician Services	282,376	23,014	37,663	36,204	24,738	88,382	33,728	16,471	13,307	8,869
Clinic Services	58,872	4,289	8,203	8,652	9,930	22,884	3,987	606	223	98
EPSDT Services	35,649	12,665	14,464	6,937	1,523	40	15	3	2	0
Rural Health	963	157	194	108	77	294	54	32	29	18
Pharmacy	266,064	20,217	36,803	33,284	23,084	81,663	32,103	15,579	13,673	9,658
Dental Services	57,438	137	10,023	18,865	7,952	15,538	3,241	935	493	254
Lab & X-Ray	75,696	2,675	6,049	5,950	10,488	32,203	11,286	2,379	2,412	2,254
Vision Care	47,213	77	2,393	9,968	4,850	15,611	9,075	3,055	1,600	584
Amb/WCV/Trans[2]	70,943	5,054	9,647	8,469	5,233	20,662	8,507	4,524	4,939	3,908
Physical Therapist	1,313	19	60	27	33	385	250	176	206	157
Podiatry	14,794	15	37	269	267	2,470	2,767	2,612	3,362	2,995
Medical Supplies	16,201	1,577	1,096	783	416	2,904	3,300	2,039	2,309	1,777
Waiver/STEPS[3]	1,812	35	108	48	47	761	320	215	184	94
HMO	63,166	4,295	14,665	17,515	5,730	17,918	2,304	521	172	46

1 Includes recipients of all inpatient facilities.
2 Includes recipients of general transportation services, which began being reported in fiscal year 1988.
3 Includes 853 recipients of STEPS case management service, primarily age 45 and over.

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TABLE 17. AVERAGE PAYMENT PER RECIPIENT OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1990

Type of Care	Total	Age of Recipient in Years: Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	85+
Total All-Services	$2,906	$2,378	$981	$902	$2,055	$3,131	$4,978	$4,531	$7,503	$9,566
Inpatient Hospital[1]	4,048	3,397	8,203	7,259	4,254	4,340	6,196	1,826	1,760	774
Outpatient Hospital	520	305	315	370	508	637	804	403	272	123
Nursing Facility	11,840	0	4,166	-8,890	18,780	14,238	13,579	11,261	11,717	11,700
ICF - MR	50,389	0	37,722	48,724	46,678	50,977	50,192	47,993	43,185	0
Home Health	1,427	909	1,860	1,740	1,844	1,570	1,366	1,122	1,416	1,133
Day Care	5,477	0	0	0	4,153	6,385	5,187	5,175	5,154	5,015
Personal Care	2,957	3,956	3,267	2,886	2,787	3,132	2,912	2,797	2,984	3,064
Physician Services	274	205	131	109	369	348	417	276	260	204
Clinic Services	447	120	146	222	275	621	1,264	883	563	57
EPSDT Services	70	89	58	46	46	2,087	0	0	0	0
Rural Health	168	187	138	151	202	196	200	57	76	70
Pharmacy	268	54	65	82	102	228	588	659	682	597
Dental Services	63	30	53	72	90	50	48	55	51	44
Lab & X-Ray	59	32	31	42	49	64	91	60	49	48
Vision Care	52	25	31	44	50	53	62	57	53	46
Amb/WCV/Trans[2]	203	88	89	133	133	277	397	239	150	91
Physical Therapist	182	29	157	98	62	100	140	291	290	256
Podiatry	42	46	28	41	58	72	61	34	27	22
Medical Supplies	508	431	920	1,068	1,014	654	564	248	247	250
Waiver/STEPS[3]	24,827	33,212	51,424	71,235	24,884	30,559	26,520	7,632	1,570	104
HMO	943	1,423	519	373	1,113	1,486	2,206	1,863	1,322	1,451

1 Includes payments and recipients of all hospital facilities.
2 Includes payments and recipients of general transportation services, which began being reported in fiscal year 1988.
3 Average payment per recipient for recipients age 65 and over involves cost per recipient for STEPS case management.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 18. HOSPITAL PROGRAM: INPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1990

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL - ALL HOSPITALS[1]	14,512,703	$417,703,608
TOTAL - GENERAL AND SPECIALTY	14,371,196	399,190,800
Room and Board	694,477	$214,672,975
Operating /Recovery Room	739,238	15,744,911
Anesthesia	745,706	2,604,333
Delivery Room	43,218	13,038,285
Nursery	44,325	10,804,543
Laboratory	2,591,215	32,925,950
Radiology	228,362	12,022,414
EKG,EEG, etc.	86,672	4,793,484
Pharmacy	5,902,728	26,431,444
Blood/Transfusion	51,911	4,537,857
Supplies	1,816,099	23,206,946
Inhalation Therapy	877,748	12,930,935
Physical/Occupational Therapy	206,141	5,285,325
Emergency Room	36,766	5,028,211
Other	279,832	15,785,782
Inpatient Deductible	12,384	6,855,904
Inpatient Coinsurance	5,276	1,228,647
Inpatient Collection	9,098	-8,707,143
TOTAL - STATE HOSPITALS	141,507	$18,512,808
Room and Board	140,316	19,407,932
Inpatient Deductible	28	17,620
Inpatient Coinsurance	1,163	174,034
Inpatient Collections	-	-1,086,778

Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

[1]Includes State Hospital services and payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1990

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL ALL FACILITIES	9,142,746	$343,688,134
TOTAL ICF-MR FACILITIES (Net)	467,220	73,628,499
TOTAL NURSING FACILITIES (Net)	8,675,526	270,059,635
NURSING AND ICF-MR DAYS		
Days of Care Billed by Level and Intensity*		
ICF-Light	1,192,712	67,502,446
ICF-Moderate	2,250,507	139,444,385
ICF-Heavy	1,448,814	102,346,623
ICF-Heavy Special	160,561	11,043,196
SNF-Light	45,344	2,469,629
SNF-Moderate	112,989	6,764,630
SNF-Heavy	65,820	4,578,660
SNF-Heavy Special	46,367	3,284,563
ICF-MR	467,220	73,628,499
Adjustments/Credits		-31,359
NURSING FACILITY DAYS	5,323,114	337,402,773
ICF-MR DAYS	467,220	73,628,499
TOTAL DAYS OF CARE	5,790,334	411,031,273
Medicare Coinsurance Days	10,094	607,247
Ancillary Services	3,159,759	14,795,466
Patient Resources/Collection	182,559	-82,745,852

*Figures indicated are rates as billed by providers and do not reflect adjustments based on review by the Department.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 20. HOSPITAL PROGRAM: OUTPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1990

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL	2,286,877	$89,633,742
Clinic	283,045	14,365,497
Emergency Room	200,051	13,397,727
Operating Room	399,071	6,430,641
Anesthesia	260,676	649,175
Delivery Room	51,836	2,037,903
Laboratory	956,884	13,839,292
Radiology	179,919	12,740,502
EKG,EEG, etc.	36,267	2,236,573
Pharmacy	260,031	1,901,350
Blood/Transfusions	6,419	511,847
Supplies	290,383	3,089,775
Psych Day Care	5,703	591,017
Physical/Occupational Therapy	91,525	3,101,904
Other Covered Services	154,761	10,225,290
Outpatient Deductible	14,656	643,537
Outpatient Coinsurance	93,981	4,088,058
Collections	1,669	-216,346

Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 21. PHYSICIAN PROGRAM; OFFICE, HOME AND NURSING FACILITY SERVICES AND PAYMENTS: FISCAL YEAR 1990

TYPE OF SERVICE	SERVICES	PAYMENTS
Total	2,249,145	$58,705,128
Total Visits	733,972	17,238,531
Office	722,689	
Home	648	
Nursing Facility	10,635	
EPSDT Screens	51,997	2,479,389
Consultations	9,587	355,216
Refractions	8,836	269,061
Laboratory	208,123	1,262,856
X-Ray	42,829	1,359,189
EEG,EKG	12,053	204,006
Drugs Dispensed	22,340	210,175
Clinics	669,259	26,296,172
Diagnostic & Other Specified Services	242,545	4,646,061
Medicare Deductibles	37,479	1,101,911
Medicare Coinsurance	210,125	3,272,560

PAYMENTS TO FREESTANDING AND CONTRACT CLINICS

TYPE OF CLINIC	RECIPIENTS	PAYMENTS
Total Clinics	58,872	$27,293,583
Children & Youth	10,824	1,492,458
Community Health Center	15,082	1,703,850
Drug Abuse	2,463	1,729,243
Family Planning	9,046	1,199,970
Local Health	N/A	5,971,946
Mental Health Outpatient	11,083	5,145,390
Mental Health Rehab	2,943	9,773,214
Other Clinics	1,856	277,512

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 22. PHYSICIAN IN HOSPITAL PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1990

SERVICES

TYPE OF SERVICE	TOTAL	INPATIENT	OUTPATIENT	EMERGENCY ROOM
Total	1,418,984	860,478	393,167	165,339
Attend Physician	472,589	318,079	10,553	143,957
Surgery	96,340	60,964	34,435	941
Anesthesiology	30,091	22,090	8,000	1
Consultation	58,883	54,985	3,897	1
Radiology	275,327	112,982	142,706	19,639
Pathology	39,820	16,701	23,058	61
Other Spec. Svs	241,348	146,939	93,670	739
Med. Deductible	10,695	6,779	3,916	-
Med. Coinsurance	193,891	120,959	72,932	-

PAYMENTS

TYPE OF SERVICE	TOTAL	INPATIENT	OUTPATIENT	EMERGENCY ROOM
Total	$47,880,522	$36,654,519	$9,530,054	$1,695,949
Attend Phys	5,348,881	3,792,538	41,571	1,514,773
Surgery	20,318,287	17,679,506	2,618,827	19,955
Anesthes	3,405,104	2,946,708	458,306	90
Consultation	1,429,336	1,349,504	79,792	41
Radiology	4,338,059	1,842,896	2,340,149	155,014
Pathology	435,918	229,164	205,882	872
Other Spec.Svs	4,771,112	3,501,158	1,264,749	5,205
Med.Deductible	385,708	256,864	128,844	-
Med. Coins	7,448,118	5,056,182	2,391,936	-

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 23. PHARMACY PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1990

	Number of Invoices	Payments	Average Payment Per Invoice
Total - All Invoices	3,747,268	$71,430,058	$19.06
Over the Counter Drugs	105,508	1,840,283	17.44
Legend Drugs	2,665,502	50,398,304	18.91
Ingredient Cost	2,665,502	41,035,766	15.40
Pharmacy Fee	2,665,502	9,862,348	3.70
Drugs reimbursed on Usual and Customary Basis	801,926	19,364,169	24.15
PHARMACY ADJUSTMENTS,RECOVERIES AND CO-PAYS:			
Adjustments		168,463	- 79,454
B/S Recovery		5,869	-93,244
Pharmacy Co-Pay		1,176,411	695,712

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 24. SPECIAL SERVICES
FISCAL YEAR 1990

TYPE OF SERVICES	SERVICES	PAYMENTS
Total - All Services	7,773,869	$30,417,498
OPTOMETRIST-OPTICIAN SERVICES	289,549	$2,437,408
Diagnostic Services	91,617	871,159
Dispensing Services	39,459	553,148
Fabrication Services	157,374	992,875
Medicare Deductible and Coinsurance	1,099	20,226
AMBULANCE	86,823	$1,573,487
One Way Trips	13,626	680,058
Additional Miles	39,197	38,606
Other Services	1,754	26,130
Medicare Deductible and Coinsurance	32,246	828,693
VAN	21,729	$434,408
One Way Trips	16,456	421,947
Additional Miles	4,332	3,246
Other Van Services	941	9,216
GENERAL TRANSPORTATION	6,039,177	$12,395,592
Own/Lease	1,577,111	1,301,332
Purchased	4,384,776	11,062,237
Volunteer	77,290	32,023
PODIATRY	43,752	$621,265
Visits	2,780	25,956
Bone Joint Surgery	2,177	119,671
X-Ray and Laboratory	552	4,415
Other Procedures	11,249	153,395
Medicare Deductible and Coinsurance	26,994	317,828
MEDICAL LABORATORY SERVICES	438,834	$4,490,153
X-Ray and Laboratory	426,353	4,232,928
Medicare Deductible and Coinsurance	12,481	257,224

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 24. SPECIAL SERVICES PROGRAM
FISCAL YEAR 1990 (CONTINUED)

TYPE OF SERVICES	SERVICES	PAYMENTS
DURABLE MEDICAL EQUIPMENT	841,512	$8,202,578
DME and Supplies	802,000	6,555,212
Medicare Deductible and Coinsurance	39,512	1,647,365
HEARING AIDS	1,969	$74,897
Hearing Aids	1,969	74,897
PHYSICAL THERAPY	9,387	$239,267
Physical Therapy Services	8,164	74,984
Medicare Deductible and Coinsurance	1,223	164,284
COLLECTIONS - ALL SERVICES	1,137	-51,670

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1990

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
GRAND TOTAL	98,113	832,228	$417,703,608	
GENERAL HOSPITALS	94,864	513,885	331,225,277	644.55
CHRONIC HOSPITALS	332	25,029	7,434,142	297.02
SPECIAL HOSPITALS	2,235	155,393	60,675,445	390.46
STATE CHRONIC HOSPITALS	330	37,241	6,853,706	184.04
STATE MENTAL HOSPITALS	352	100,680	11,659,102	115.80
CREDIT/ADJUSTMENTS			-144,064	
GENERAL HOSPITALS	94,864	513,885	$331,225,277	644.55
BALTIMORE CITY	50,290	300,023	207,778,217	692.54
Bon Secours	2,042	12,387	7,482,440	604.06
Church Hospital	2,381	12,099	5,927,684	489.93
Francis Scott Key	4,368	22,941	15,920,597	693.98
Good Samaritan	220	1,705	1,066,337	625.42
Harbor Hosp Ctr (So. Balto.)	3,813	15,515	9,253,641	596.43
Homewood (North Charles)	1,281	8,235	4,611,081	559.94
Homewood (Wyman Park)	479	4,877	1,676,826	343.82
Johns Hopkins	8,564	58,780	44,748,196	761.28
Liberty Medical Center	2,662	22,956	12,563,707	547.30
Maryland General	2,933	16,547	10,974,170	663.21
Mercy	4,076	20,298	11,537,185	568.39
St. Agnes	2,706	13,205	8,973,796	679.58
Sinai	3,611	18,378	12,594,507	685.30
Union Memorial	2,515	11,189	7,732,547	691.08
Univ. of Md. Medical System	8,639	60,911	52,715,503	865.45
COUNTIES	41,194	192,785	$104,482,920	541.97
AMI Doctors P.G.	340	2,326	1,263,886	543.37
Anne Arundel General	1,324	5,438	3,120,055	573.75
Baltimore Co. General	422	3,182	1,889,151	593.70
Calvert Memorial	948	5,077	2,228,439	438.93
Carroll Co.	332	1,403	759,461	541.31
Dorchester General	769	3,786	1,587,059	419.19
Edward W. McCready Memorial	98	355	245,962	692.85
Eugene Leland Memorial	429	4,851	2,028,701	418.20
Fallston General	367	1,842	824,667	447.70
Franklin Square	3,527	15,864	9,200,349	579.95
Frederick Memorial	1,438	5,634	2,877,196	510.68
Frostburg Community	107	626	313,437	500.70

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS
BY HOSPITAL: FISCAL YEAR 1990 (Con't)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
Garrett Co. Memorial	580	1,980	933,483	471.46
Greater Balto Medical Ctr	2,345	10,042	4,758,165	473.83
Greater Laurel Beltsville	437	3,000	1,640,133	546.71
Harford Memorial	974	3,048	1,714,097	562.37
Holy Cross	1,025	5,092	2,944,539	578.27
Howard County General	784	3,100	1,880,071	606.47
Kent & Queen Annes	507	1,801	1,006,209	558.69
Memorial Cumberland	1,017	3,997	2,278,363	570.02
Memorial Easton	1,670	5,921	3,166,612	534.81
Montgomery General	769	4,910	2,321,872	472.48
North Arundel	1,159	5,276	2,756,593	522.48
Parkwood	1	8	3,637	454.63
Peninsula General	2,727	10,699	5,201,512	486.17
Physician's Memorial	873	3,328	1,803,692	541.97
P.G. Hospital Center	5,710	28,629	17,954,906	627.16
Sacred Heart	1,266	5,348	2,546,935	476.24
St. Joseph	504	2,303	1,274,131	553.25
St. Mary's	1,219	4,998	2,265,247	453.23
Shady Grove Adventist	1,285	5,530	3,318,137	600.02
Southern Maryland	1,467	8,646	4,170,436	482.35
Suburban	394	3,189	1,827,166	572.96
Union of Cecil Co.	984	3,299	2,119,834	642.57
Washington Adventist	1,543	11,353	6,493,563	571.97
Washington Co.	1,853	6,904	3,765,223	545.37
DISTRICT OF COLUMBIA	2,857	17,224	$16,596,090	963.54
Capitol Hill	6	49	30,578	624.04
Columbia Hosp. for Women	55	476	492,582	1,034.84
D.C. General	97	739	471,835	638.48
George Washington University	196	1,671	2,143,815	1,282.95
Georgetown University Med Ctr	206	1,542	1,777,133	1,152.49
Greater Southeast Community	1,001	5,479	4,455,270	813.15
Hadley Memorial	30	148	117,555	794.29
Howard University	231	1,781	2,186,898	1,227.90
Providence	406	1,731	1,195,214	690.48
Sibley Memorial	29	415	155,800	375.42
Washington Hospital Center	600	3,193	3,569,410	1,117.89
OUT OF STATE	523	3,853	$2,368,050	614.60
Gettysburg (Pa.)	78	302	107 554	356.14
Medical Ctr of Delaware	93	1,134	923.455	814.33
Meyersdale Community (Pa.)	10	37	18,432	498.16
Nanticoke Memorial (De.)	39	144	114,407	794.49

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS
BY HOSPITAL: FISCAL YEAR 1990 (Con't)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
Potomac Valley (West Va.)	11	43	36,692	853.31
Waynesboro (Pa.)	10	42	16,027	381.60
West Va. Univ. Hosp.	82	586	464,561	792.77
Other Out of State	200	1,565	686,921	438.93
CHRONIC HOSPITALS	332	25,029	$7,434,142	297.02
Childrens Hosp (Chronic)	19	673	257,334	382.37
Good Samaritan (Special)	121	2,013	1,066,551	529.83
John L. Deaton Med Center	134	16,150	4,576,338	283.36
Keswick Home	1	61	2,757	45.20
Levindale Hosp	29	2,721	832,637	306.00
Mason F. Lord	20	1,906	408,023	214.07
Prince Georges Hosp Center	8	1,505	290,502	193.02
SPECIAL FACILITIES	2,235	155,393	$60,675,445	390.46
Brook Lane Psych Center	39	2,130	471,623	221.42
Bryn Mawr Rehab	16	1,469	403,900	274.95
Chesapeake Youth Center	0	3,209	870,631	271.31
Childrens Hosp	77	353	273,895	775.91
Children's Hosp. Nat'l Med Ctr	951	8,289	12,883,388	1,554.28
Edward McCready	4	4,808	832,452	173.14
Elizabethtown Hosp. Rehab	1	2	-6,175	
Good Shepherd Center	87	27,924	2,912,572	104.30
Great Seneca	29	12,395	3,350,148	270.28
Gundry Glass	11	378	136,031	359.87
Hosp for Sick Children	16	5,122	3,151,258	615.24
James L. Kernan	129	874	550,464	629.82
Johns Hopkins Oncology	157	1,548	2,303,810	1,488.25
Kennedy Institute	277	6,652	5,876,733	883.45
Lake Erie Institute Rehab	3	405	137,381	339.21
Meridian Point Rehab Hosp	0	447	212,325	475.00
Mt. Washington Pediatric	176	31,945	12,767,364	399.67
National Orthopedic	1	6	1,830	305.00
National Rehabilitation	167	5,490	4,601,072	838.08
Reading Rehab Hosp.	3	318	42,097	132.38
Rehab Hospital - Mechanicsburg	2	237	92,503	390.31
Rehab Hosp Spec Svs - York	8	483	199,348	412.73
RICA - Baltimore	9	13,691	2,865,158	209.27
RICA - Cheltenham	2	264	71,280	270.00
RICA - Rockville	14	2,581	696,518	269.86

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 25: HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS
BY HOSPITAL: FISCAL YEAR 1990 (Con't)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
SPECIALTY HOSPITALS (Con't)				
Sheppard and Enoch Pratt	0	27	7,535	279.09
Sinai - Special	26	1,115	776,765	696.65
Villa Maria	30	23,231	4,193,538	180.51
STATE CHRONIC HOSPITALS	330	37,241	$6,853,706	184.04
Deers Head	77	12,917	1,462,846	113.25
Montebello	216	12,063	3,635,521	301.38
Western Maryland	37	12,261	1,755,339	143.16
STATE MENTAL HOSPITALS	352	100,680	$11,659,102	115.80
Walter P. Carter Inpt	3	3,141	454,898	144.83
Crownsville	75	28,093	3,470,540	123.54
Eastern Shore Hosp. Center	26	6,438	819,686	127.32
Highland Health Facility	14	679	147,915	217.84
Springfield	59	44,683	3,839,072	85.92
Thomas B. Finan	61	11,129	1,831,802	164.60
Upper Shore Comm M. Health	11	1,087	204,865	188.47
Walter P. Carter Center	103	5 430	890,325	163.96
MEDICARE-DEDUCTIBLE AND COINSURANCE*			$8,223,195	
COLLECTIONS *			-13,821,170	

* Amounts are included in individual entries and subtotals.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1990

Location and Name of Facility	Number of Facilities	Days	Net Payments
GRAND TOTAL - ALL FACILITIES	210	5,801,523	$343,688,134
TOTAL - ICF-MR FACILITIES	8	467,782	70,897,936
TOTAL - NURSING FACILITIES	202	5,333,741	272,790,198
Baltimore City	45	1,348,366	$73,181,312
Alice Manor Nursing Home		11,882	649,784
Ashburton Nursing Facility		14,073	826,7[illegible]5
Belair Convalesarium		63,383	3,223,640
Brighton Manor (Dukeland)		18,591	943,277
Canton Harbor Nursing Center		28,049	1,467,990
Century Home		24,973	1,306,336
Community Care Nursing Center		36,225	1,946,738
Crawford Retreat		7,255	368,982
Deaton Medical Center Nursing Home		49,719	3,270,362
Fairmount Nursing Center		9,969	585,478
Franklin Court Nursing Center		39,325	2,215,956
Friedlers Guest House		10,251	533,524
Garrison Nursing Home		6,404	328,862
Golden Touch Care Center		76,778	4,358,198
Granada Nursing Home		35,953	1,843,122
Greenwood Acres		7,599	498,298
Harford Gardens Convalescent Center		18,726	1,036,047
Haven Nursing Home		6,803	390,269
Hayes Care Home		5,003	283,600
Inns of Evergreen South		75,714	4,145,896
Inns of Evergreen N.E.		28,051	1,433,735
Inns of Evergreen N.W.		47,592	2,664,173
Jenkins Memorial		28,320	1,428,508
Kenesaw Nursing Home		8,626	479,194
Keswick Home for Incurables		26,708	1,347,557
Key Circle Hospice		25,858	1,163,572
Levindale Hebrew Geriatric Center		62,023	3,295,116
Lincoln Convalescent Center		71,000	4,119,124
Maryland Baptist Aged Home		10,552	596,281
Mason F. Lord Nursing Center		54,843	2,873,820

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1990 (cont'd.)

Location and Name of Facility	Number of Facilities	Days	Net Payments
Melchor Nursing Home		15,470	775,106
Meridian Nursing Center - Caton Manor		50,339	2,309,221
Meridian Nursing Center - Hamilton		19,741	961,727
Meridian Nursing Center - Homewood		22,976	1,182,835
Meridian Nursing Center - Long Green		17,989	944,843
Mt. Vernon Care Center		27,330	1,526,282
Northwest Nurs and Conv Center		26,016	1,450,525
Park Manor Nursing Home		16,887	949,210
Pleasant Manor Nursing Home		42,650	2,040,761
Poplar Manor Nursing Home		37,255	1,950,435
Seton Hill Manor		106,836	6,356,665
Union Memorial Hospital - ECF		45	4,848
Villa St. Michael		54,584	3,103,639
Allegany County	6	173,568	$8,069,311
Allegany County Nursing Home		43,106	1,988,541
Cumberland Nursing Center		28,987	1,213,148
Egle Nursing Home		6,285	331,180
Frostburg Village Nursing Home		35,430	1,536,125
Lions Manor Nursing Home		23,136	1,158,224
Moran Manor		36,624	1,842,092
Anne Arundel County	11	266,362	$13,469,071
Annapolis Convalescent Center		18,376	883,516
Arundel Geriatrics Nursing Center		24,054	1,352,867
Chesapeake Manor Extended Care		29,360	1,721,071
Crofton Convalescent Center		32,749	1,709,497
Fairfield Nursing Center		33,104	1,699,380
Knollwood Manor		23,401	1,120,734
Maryland Manor of Glen Burnie		28,445	1,398,514
Meridian Nursing Center - Hammonds Lane		19,198	843,957
Meridian Nursing Center - Severna Park		20,622	946,953
North Arundel Nurs & Convalescent Center		22,178	1,008,437
Pleasant Living Convalescent Center		14,875	784,144
Baltimore County	36	975,354	$47,952,423
Armacost Nursing Center		13,245	761,650
Augsburg Lutheran Home		21,622	1,048,544
Chapel Hill Convalescent Home		16,667	857,005
Charlestown Care Center		762	25,078
Cherrywood Extended Care Center		30,111	1,787,908
Dulaney Towson Nursing and Conv Home		28,707	1,371,621
Eastpoint Nursing Home		39,484	1,942,381
Forest Haven Nursing Home		50,645	2,187,045

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1990 (con't.)

Location and Name of Facility	Number of Facilities	Days	Net Payments
Frederick Villa Nursing Center		20,431	950,311
Garrison Valley Center		19,885	1,055,608
Holly Hill Manor		8,097	391,434
Hurwitz House		5,838	276,844
Inns of Evergreen West		24,366	1,348,261
Ivy Hall Nursing and Convalescent Home		21,732	1,337,366
Jewish Convalescent and Nursing Home		35,620	1,802,433
Little Sisters of the Poor		18,681	921,581
Manor Care - Rossville		35,760	1,687,563
Manor Care - Ruxton		27,509	1,311,966
Manor Care - Towson		12,849	594,928
Meridian Nursing Center - Catonsville		32,104	1,441,376
Meridian Nursing Center - Cromwell		35,917	1,705,060
Meridian Nursing Center - Heritage		39,778	1,846,606
Meridian Nursing Center - Loch Raven		31,822	1,453,702
Meridian Nursing Center - Multipurpose		8,580	473,169
Meridian Nursing Center - Perring Pkwy		29,500	1,645,640
Meridian Nursing Center - Randallstown		57,839	2,753,344
Milford Manor Nursing Home		16,047	868,172
Old Court Nursing Home		39,220	1,869,492
Pickersgill		12,762	588,258
Pikesville Nursing and Conv Home		39,818	1,996,638
Ridgeway Manor		14,064	775,659
Riverview Nursing Center		82,052	3,661,692
St. Joseph's Nursing Home		7,188	414,661
St. Luke Lutheran Home		12,346	531,805
Stella Maris Hospice		73,990	3,718,046
Summit Nursing Home		10,316	549,579
Calvert County	2	33,071	$1,677,102
Calvert County Nursing Center		21,205	1,040,373
Solomon's Nursing Center (Calvert House)		11,866	636,729
Caroline County	2	47,835	$2,343,465
Caroline Nursing Home		16,958	785,851
Weslyan Health Care Center		30,877	1,557,613
Carroll County	6	120,587	$5,996,308
Carroll Lutheran Nursing Home		11,356	482,576
Golden Age Guest Home		4,247	244,319
Long View Nursing Home		11,805	694,346

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1990 (cont'd.)

Location and Name of Facility	Number of Facilities	Days	Net Payments
Pleasant View Nursing Home (Mt Airy)		34,205	1,581,235
Sykesville Eldercare Center		29,873	1,663,041
Westminister Villa Nursing Center		29,101	1,330,791
Cecil County	3	54,097	$2,570,641
Calvert Manor Nursing Home		14,057	616,260
Devine Haven Convalescent Home		12,481	721,167
Laurelwood Nursing Center		27,559	1,233,213
Charles County	2	65,221	$3,674,639
Charles County Nursing Home		22,531	1,309,420
Meridian Nursing Center - La Plata		42,690	2,365,219
Dorchester County	2	48,271	$2,366,041
Glasgow Nursing Home		6,729	351,960
Mallard Bay Nursing and Rehab		41,542	2,014,081
Frederick County	6	120,493	$5,993,540
Citizens Nursing Home of Fred Co.		47,771	2,457,459
Frederick Health Care Center		8,593	411,653
Homewood Retirement Center		5,319	205,298
Meridian Nursing Center - Frederick		27,905	1,288,909
Northhampton Manor		22,999	1,177,758
Vindabona Nursing Home		7,906	452,463
Garrett County	3	83,952	$4,012,629
Cuppett and Weeks Nursing Home		39,134	1,850,249
Dennett Road Manor		30,080	1,517,961
Goodwill Mennonite Home		14,738	644,419
Harford County	4	108,245	$5,459,344
Belair Convalescent Center		32,948	1,585,260
Bel Forest Nurs Rehab Ctr		8,926	542,447
Brevin Nursing Home		13,714	681,040
Citizens Nursing Home		52,657	2,650,597
Howard County	2	60,676	$2,986,942
Bon Secours Ext Care Facility		12,833	612,043
Lorien Nursing and Convalescent Home		47,843	2,374,900
Kent County	1	10,031	$484,621
Magnolia Hall		10,031	484,621

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1990 (cont'd.)

Location and Name of Facility	Number of Facilities	Days	Net Payments
Montgomery County	23	594,431	$32,029,817
Brooke Grove Nursing Home		11,770	527,282
Circle Manor Nursing Home		28,282	1,677,080
Collingswood Nursing Center		26,482	1,377,879
Colonial Villa Nursing Home		14,222	694,847
Fairland Nursing and Rehab Home		16,071	917,715
Fox Chase Nursing Rehab Ctr		4,931	229,863
Friends Nursing Home		7,532	340,273
Grosvenor Health Care Center		30,342	1,820,209
Hebrew Home of Greater Washington		120,854	6,657,768
Heritage Healthcare Center		16,032	811,027
Herman M. Wilson Health Care Center		47,086	2,552,634
Kensington Nursing Center		31,478	1,769,670
Manor Care - Potomac		5,022	274,978
Medlantic Manor at Layhill		23,988	1,252,792
Meridian Nursing and Rehab Center		17,409	997,284
National Lutheran Home for Aged		53,936	2,802,968
Potomac Valley Nursing Home		25,062	1,309,995
Randolph Hills Nursing Home		14,971	792,184
Rockville Nursing Home		10,300	557,147
Shady Grove Adventist Nursing Center		9,848	501,076
Sharon Nursing Home		5,474	292,949
Sylvan Manor Health Care Center		33,326	1,649,589
University Conv & Nursing Home		40,013	2,222,608
Prince Georges County	17	465,959	$25,456,966
Bradford Oaks Nursing and Retirement		22,223	1,170,967
Carroll Manor		49,225	2,536,132
Clinton Convalescent Center		36,606	2,064,051
Fort Washington Rehab Center		35,972	2,246,990
Golden Oaks Nursing Home		20,989	1,212,894
Gladys N. Spellman Nursing Center		25,700	1,583,216
Greater Laurel Nursing Home		35,915	2,015,444
Greenbelt Nursing Center		22,768	1,057,242
Hillhaven Nursing Home		3,232	191,935
Hyattsville Manor		36,173	1,764,873
Madison Manor Nursing Home		7,553	428,326
Magnolia Gardens Nursing Home		18,411	1,025,912
Manor Care - Largo		15,237	762,246
Pine View Manor - Extended Care Center		45,902	2,635,587
Presidential Woods Health Center		57,505	3,107,756
Regency Health Services Inc.		22,550	1,126,746
Sacred Heart Home		9,998	526,649

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1990 (cont'd.)

Location and Name of Facility	Number of Facilities	Days	Net Payments
Queen Annes County	1	40,343	$1,758,067
Meridian Nursing Center - Corsica Hill		40,343	1,758,067
St. Marys County	3	95,873	$3,918,036
Bayside Nursing Center		33,068	1,731,294
Charlotte Hall Veterans Home		31,866	638,706
St. Marys Nursing Home		30,939	1,548,035
Somerset County	3	42,001	$2,231,273
Alice Byrd Tawes Nursing Home		17,491	984,320
Edward McCready Memorial Hospital		100	3,206
Manokin Manor		24,410	1,243,747
Talbot County	3	55,499	$2,385,948
Memorial Hospital - Easton		3,356	165,726
Meridian Nursing Center - The Pines		48,278	2,021,375
William Hill Manor		3,865	198,848
Washington County	11	227,611	$10,335,775
Avalon Manor		59,505	2,881,618
Clearview Nursing Home, Inc.		4,404	127,095
Coffman Home for the Aging		13,077	645,245
Colton Villa Nursing Center		38,602	1,612,659
Fahrney Keedy Memorial Home		12,903	609,379
Garlock Memorial Convalescent Home		11,465	512,156
Homewood Retirement Center		10,567	469,458
Ravenwood Lutheran Village		15,943	745,800
Reeder Memorial Home		44,716	2,012,240
Washington Co Hosp Extended Care		377	21,342
Williamsport Nursing Home		16,052	698,783
Wicomico County	3	132,836	$6,324,683
Riverwalk Manor		35,777	1,756,272
Salisbury Nursing Home		78,309	3,662,807
Wicomico Nursing Home		18,750	905,604
Worcester County	3	68,846	$3,341,740
Berlin Nursing Home		43,745	1,937,488
Harrison House		11,316	592,187
Hartley Hall		13,785	812,065

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1990 (cont'd.)

Location and Name of Facility	Number of Facilities	Days	Net Payments
Out of State	3	27,486	$1,187,790
Brandywine Convalescent Home		273	10,250
Harrison House of Delmar		22,568	973,281
Seaford Health Care Center		4,645	204,259
State Facilities	3	66,727	$3,643,848
Deer's Head Nursing Center		2,650	158,215
Tawes/Bland Bryant Nursing Center		50,471	2,748,419
Western Maryland Center		13,606	737,214
State Facilities - ICF - MR	8	467,782	$70,897,936
Great Oaks Center		107,832	16,141,829
Highland Health Facility		3,889	473,914
Holly Center		71,868	10,392,300
Joseph D. Brandenburg Center		17,255	2,852,345
Potomac Center		41,448	6,022,616
Rosewood Center A		195,347	30,241,224
Victor Cullen Center		26,114	3,956,430
Walter P. Carter Center		4,029	817,277
CREDITS			-61,135

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1990

Name and Location of Hospital	Number of Visits			Payments					
	TOTAL	CLINIC	ER	TOTAL	CLINIC	ER	ANC SER	MEDICARE	CREDITS
All Hospitals	483,096	283,045	200,051	$89,633,742	$15,480,310	$13,398,407	$56,239,777	$4,731,594	-216,346
General Hospitals									
Baltimore City	336,352	241,610	94,742	$55,521,237	13,166,607	7,285,208	32,456,559	2,681,726	-68,864
Bon Secours	5,437	2,380	3,057	1,847,833	162,173	387,770	1,040,793	258,081	-984
Church	3,778	428	3,350	1,149,616	13,846	264,590	779,056	94,225	-2,102
Francis S. Key	24,257	19,263	4,994	5,162,352	1,187,179	380,492	3,280,315	324,592	-10,226
Good Samaritan	1,521	524	997	831,751	15,258	72,872	530,586	213,212	-178
Harbor	16,515	9,319	7,196	2,772,726	397,830	379,460	1,877,455	119,723	-1,742
Homewood (N.Charles)	1,411	88	1,323	753,090	4,216	68,099	567,316	113,821	-362
Homewood (Wyman Park)	3,210	2,499	711	393,549	88,555	62,551	240,020	2,566	-143
Johns Hopkins	83,581	65,894	17,687	15,018,982	4,859,273	1,673,753	8,083,211	414,991	-12,246
Liberty Medical Ctr	13,691	10,311	3,380	2,251,172	618,525	368,087	1,164,171	100,389	0
Maryland General	22,371	16,018	6,353	3,263,343	649,438	315,270	2,037,752	261,417	-534
Mercy	30,324	25,157	5,167	2,951,226	871,217	417,745	1,569,623	94,879	-2,237
St Agnes	22,575	12,580	9,995	3,285,052	646,012	628,680	1,901,538	132,245	-23,423
Sinai	29,668	20,393	9,275	5,900,820	1,091,848	919,196	3,658,503	232,311	-1,036
Union Memorial	15,353	11,058	4,295	2,201,233	681,429	225,050	1,225,831	71,682	-2,760
University of Md.	62,660	45,698	16,962	7,738,491	1,879,807	1,121,594	4,500,389	247,592	-10,891

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1990(Con't)

	TOTAL	CLINIC	ER	TOTAL	CLINIC	ER	ANC SER	MEDICARE	CREDITS
General Hospitals In Counties	123,788	29,335	94,453	$25,127,901	1,256,431	5,287,185	16,981,893	1,720,694	--118,302
AMI Doctors P.G.	1,622	0	1,622	422,159	0	128,884	225,186	39,810	-1,722
Anne Arundel General	3,553	0	3,553	683,070	0	163,400	471,671	49,731	-1,733
Baltimore County	1,816	0	1,816	295,253	0	84,180	159,090	53,775	-1,792
Calvert Memorial	1,639	130	1,509	536,447	6,199	93,005	409,529	28,967	-1,252
Carroll County	1,231	0	1,231	329,367	0	38,004	265,219	28,440	-2,296
Dorchester General	1,990	52	1,938	443,998	1,835	106,459	288,216	49,368	-1,880
Edward McCready	675	22	653	224,864	475	60,897	131,183	33,385	-1,076
Eugene Leland	1,409	0	1,409	301,016	0	104,042	170,327	27,777	-1,129
Fallston	935	21	914	225,806	928	69,632	137,246	19,084	-1,083
Franklin Square	19,266	14,001	5,265	2,689,027	535,285	290,879	1,772,577	98,243	-7,957
Frederick Memorial	3,260	71	3,189	962,591	5,409	203,153	677,980	81,699	-5,650
Frostburg	1,312	0	1,312	196,887	0	72,508	109,706	15,103	-431
Garrett County	5,968	0	5,968	468,293	0	152,949	273,656	49,334	-7,646
Gr Baltimore Med Ctr	3,561	2,572	989	784,384	91,069	53,482	617,715	26,540	-4,421
Greater Laurel	1,215	0	1,215	217,750	0	67,372	138,387	12,278	-286
Harford Memorial	1,603	0	1,603	612,986	0	180,563	402,551	33,262	-3,390
Holy Cross	4,015	1,966	2,049	772,833	34,716	135,118	564,175	39,297	-472
Howard County	1,395	0	1,395	377,773	0	143,673	211,022	24,917	-1,839
Kent & Queen Annes	1,056	0	1,056	231,441	0	58,655	153,351	19,875	-441
Memorial Cumberland	6,838	162	6,676	1,220,112	7,067	354,876	793,538	74,876	-10,243
Memorial at Easton	4,320	335	3,985	866,836	4,780	163,930	606,783	94,519	-3,175
Montgomery General	1,326	0	1,326	338,109	0	49,203	272,332	19,683	-3,109
North Arundel	2,728	1	2,727	498,725	45	154,666	318,326	27,171	-1,483
P G Hospital Ctr	15,240	8,701	6,539	2,240,798	526,181	440,024	1,234,318	40,584	-308
Peninsula General	5,498	23	5,475	1,499,648	368	293,147	1,053,070	161,411	-8,349
Physicians Memorial	3,364	0	3,364	734,089	0	186,312	507,137	44,617	-3,977
Sacred Heart	4,104	273	3,831	838,083	9,083	180,017	599,926	57,482	-8,424
St Joseph	2,066	826	1,240	373,630	24,028	53,950	259,071	38,264	-1,683

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1990(Con't)

General Hospitals in Counties (Con't)	TOTAL	CLINIC	ER	TOTAL	CLINIC	ER	ANC SER	MEDICARE	CREDITS
St Marys	1,872	5	1,867	595,849	212	132,095	423,036	44,499	-3,992
Shady Grove Adventist	3,704	0	3,704	845,228	0	256,359	534,524	57,158	-2,814
Southern Maryland	2,116	0	2,116	773,909	0	166,921	559,663	50,980	-3,655
Suburban	589	29	560	231,536	1,178	34,394	161,790	37,361	-3,188
Union of Cecil Co	2,428	66	2,362	797,772	2,914	112,684	635,619	50,834	-4,280
Washington Adventist	2,397	0	2,397	1,017,485	0	234,428	704,531	82,170	-3,644
Washington County	7,677	79	7,598	1,480,148	4,661	267,327	1,109,440	108,201	-9,481
Hospitals in DC	8,241	3,276	4,965	$2,348,796	161,129	412,149	1,689,071	91,603	-5,155
Greater Southeast	3,058	0	3,058	818,398	0	227,875	525,820	64,703	0
Howard University	949	705	244	361,103	37,459	30,926	287,283	5,913	-478
Georgetown University	131	10	121	204,209	176	14,175	180,493	12,859	-3,494
Hadley Memorial	1,320	724	596	145,940	23,408	33,704	85,757	3,157	-87
Providence Hospital	1,005	388	617	314,963	16,261	60,762	236,124	2,799	-983
Wash Hosp Center	1,778	1,449	329	504,183	83,824	44,706	373,594	2,172	-114
Other Out State	3,567	498	3,069	$1,078,193	29,268	158,048	675,882	222,818	-7,822
Special Facilities	11,148	8,326	2,822	$5,557,616	866,875	255,817	4,436,372	14,754	-16,203
Childrens of DC	4,750	2,219	2,531	1,345,016	103,273	227,277	1,016,569	0	-2,103
Childrens	200	200	0	162,612	8,783	0	155,504	1,370	-3,044
James Kernan	1,517	1,5.	0	156,063	38,178	0	117,811	1,578	-1,503
Kennedy Institute	3,935	3,935	0	3,504,068	697,588	0	2,811,433	2,009	-6,961
National Rehab	746	455	291	389,856	19,054	28,540	335,055	9,798	-2,590
Recoveries/Credits				-1,134,359	-1,114,812	-680	-18,867		

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 28. PHYSICIAN PROGRAM: PAYMENTS AND NUMBER OF PROVIDER ACCOUNTS BY LOCATION OF PROVIDER AND PAYMENT GROUP: FISCAL YEAR 1990

LOCATION OF PROVIDER	AMOUNT	PAYMENTS % OF TOTAL	PROVIDER ACCOUNTS NUMBER	% OF TOTAL	NUMBER OF PROVIDER ACCOUNTS IN PAYMENT GROUP UNDER $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000-$29,999	OVER $30,000
GRAND TOTAL	$106,271,683	100.0%	7,257	100.0%	1,322	1,614	1,753	890	687	274	717
Baltimore City	40,556,928	38.2%	1,674	23.1%	337	313	351	194	149	70	260
Total Counties	61,452,033	57.8%	4,552	62.7%	659	911	1,198	654	502	198	430
Allegany	2,945,454	2.8%	148	2.0%	22	14	24	27	26	11	24
Anne Arundel	4,049,397	3.8%	431	5.9%	42	82	155	61	48	19	24
Baltimore	12,904,059	12.1%	912	12.6%	177	224	209	113	76	34	79
Calvert	1,438,808	1.4%	59	0.8%	4	7	14	10	9	3	12
Caroline	267,300	0.3%	15	0.2%	2	2	6	1	0	1	3
Carroll	1,103,851	1.0%	104	1.4%	6	23	37	16	10	5	7
Cecil	1,266,099	1.2%	55	0.8%	7	11	7	10	8	1	11
Charles	1,586,660	1.5%	71	1.0%	2	5	19	13	14	4	14
Dorchester	816,012	0.8%	44	0.6%	4	8	7	7	9	4	5
Frederick	2,191,111	2.1%	137	1.9%	12	26	42	24	16	5	12
Garrett	671,641	0.6%	28	0.4%	6	2	5	3	5	2	5
Harford	2,020,293	1.9%	164	2.3%	28	32	42	19	17	11	15
Howard	2,310,438	2.2%	174	2.4%	22	37	53	14	18	13	17
Kent	580,467	0.5%	38	0.5%	8	5	5	7	5	2	6
Montgomery	7,762,349	7.3%	935	12.9%	134	249	281	125	67	22	57
Prince George's	9,011,688	8.5%	751	10.3%	110	125	197	118	104	31	66
Queen Anne's	324,018	0.3%	13	0.2%	2	1	1	4	1	0	4
St. Mary's	1,788,124	1.7%	45	0.6%	10	3	5	4	11	2	10
Somerset	649,244	0.6%	21	0.3%	1	1	6	2	3	2	6
Talbot	1,647,392	1.6%	72	1.0%	8	7	18	15	8	5	11
Washington	2,740,914	2.6%	144	2.0%	20	20	33	21	22	8	20
Wicomico	2,918,322	2.7%	160	2.2%	26	25	28	34	19	11	17
Worcester	458,391	0.4%	31	0.4%	6	2	4	6	6	2	5
Out of State	4,262,723	4.0%	1,031	14.2%	326	390	204	42	36	6	27

[1] Provider Accounts include individual, group physician accounts, and contract clinic accounts.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 29. HMO PROGRAM:[1] TOTAL PAYMENTS, YEARLY ENROLLMENT, AND MEDICAL SERVICES PROVIDED BY AGE AND SEX OF RECIPIENT: FISCAL YEAR 1990

Age	Total Payments	Recipients[2]	Preventive Visits	Family Planning Visits	Prenatal Care Visits	Mental Health Visits	Other Medical Encounters	Dental Encounters	Diagnostic Procedures	Inpatient Admissions	Inpatient Days
Total All Ages	$59,586,813	63,166	25,231	3,000	6,642	10,434	192,467	33,316	71,612	5,632	29,039
Total Under1	6,110,855	4,295	4,938	0	0	29	14,749	82	3,243	1,086	7,024
Male			2,527	0	0	7	7,583	25	1,635	562	4,199
Female			2,411	0	0	22	7,166	57	1,608	524	2,825
Total 1-5	7,605,168	14,665	10,011	7	0	308	39,719	3,258	10,022	468	2,278
Male			5,066	2	0	208	20,253	1,672	5,052	288	1,208
Female			4,945	5	0	100	19,466	1,586	4,970	180	1,070
Total 6-14	6,524,894	17,515	5,039	128	158	1,592	30,713	8,165	12,273	325	1,852
Male			2,414	6	1	943	14,817	3,824	5,370	171	1,186
Female			2,625	122	157	649	15,896	4,341	6,903	154	666
Total 15-20	6,379,969	5,730	1,457	971	2,207	892	18,537	2,613	11,960	683	2,414
Male			469	4	1	426	3,117	623	1,436	39	344
Female			988	967	2,206	466	15,420	1,990	10,524	644	2,080
Total 21-44	26,617,937	17,918	3,336	1,885	4,277	6,515	66,675	16,184	28,631	2,622	11,229
Male			227	5	14	1,868	6,474	2,153	2,217	210	1,523
Female			3,109	1,880	4,263	4,647	60,201	14,031	26,414	2,412	9,706
Total 45-64	5,083,178	2,304	339	9	0	966	12,204	2,460	2,896	299	2,560
Male			121	1	0	696	6,568	906	2,235	186	1,676
Female			218	8	0	270	5,636	1,554	661	113	984
Total Over 65	1,264,811	739	111	0	0	132	9,870	554	2,587	149	1,682
Male			28	0	0	37	2,561	214	536	46	416
Female			83	0	0	95	7,309	340	2,051	103	1,266

[1]The service data in this table have been provided by participating HMO providers for services utilized by enrolled M.A. recipients during fiscal year 1990.
[2]There were 63,166 recipients enrolled during fiscal year 1990.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 30. HOME AND COMMUNITY HEALTH PROGRAMS: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1990

AREA OF RESIDENCE	Total	Nursing Service	Home Health Aide	Physical Therapy	Speech Therapy	Occupational Therapy	Other Services	Medical Day Care	Personal Care	Waivers	Case Mgmt	Col-lections
State	$75,668,307	$4,191,968	$752,095	$554,248	$222,373	$244,580	$202,793	$9,656,636	$15,347,886	$44,870,824	$117,005	$-492,102
Baltimore City	30,010,086	2,432,392	247,520	222,829	100,292	118,586	150,263	3,637,298	8,671,040	14,604,062	63,375	-237,571
Counties	45,659,828	1,759,576	504,576	331,419	122,081	125,995	52,530	6,019,339	6,676,846	30,266,762	53,630	-254,531
Allegany	1,648,223	48,231	3,725	14,409	594	0	130	456,267	414,005	711,743	250	-1,131
Anne Arundel	4,546,406	123,766	78,486	32,708	17,937	13,749	-815	1,150,875	617,438	2,543,669	395	-31,799
Baltimore	7,773,566	393,699	73,301	50,993	18,689	41,963	17,194	651,938	1,172,372	5,399,660	5,510	-51,753
Calvert	791,797	19,612	8,813	6,684	1,409	3,367	1,398	90,765	152,015	508,540	2,985	-3,791
Caroline	208,066	9,039	0	1,079	0	0	1,202	1,313	76,925	113,514	4,995	0
Carroll	2,157,535	29,438	3,750	488	63	117	966	21,310	169,900	1,947,253	430	-16,181
Cecil	527,679	62,700	33,403	9,743	4,363	2,089	6,754	49,999	7,540	350,880	900	-691
Charles	615,154	28,966	10,752	3,528	469	148	1,693	190,976	34,885	343,584	270	-117
Dorchester	677,860	20,358	0	4,278	0	4,294	3,449	185,784	416,770	35,853	7,695	-620
Frederick	1,415,438	58,089	10,143	10,105	8,177	2,953	6,652	369,299	143,690	813,556	450	-7,676
Garrett	722,501	43,376	6,191	3,076	2,033	0	2,183	41,635	184,670	444,494	3,180	-8,335
Harford	1,797,878	109,788	36,577	10,874	4,069	5,983	2,514	103,860	286,520	1,246,173	2,350	-10,830
Howard	1,599,892	43,145	7,318	3,491	8,124	220	-19,210	106,568	251,464	1,202,922	660	-4,808
Kent	305,132	13,957	494	340	148	0	1,094	70,533	88,740	128,897	930	0
Montgomery	5,739,834	270,986	84,900	97,246	12,749	23,298	7,191	632,077	575,150	4,052,396	0	-16,159
Prince George's	8,489,687	217,972	100,813	57,761	27,317	24,285	8,560	550,154	349,277	7,216,117	1,835	-64,405
Queen Anne's	325,589	12,236	3,863	2,001	275	0	1,107	152,385	29,160	120,387	4,175	0
St. Mary's	743,898	15,202	843	2,318	2,754	563	-511	207,813	136,664	377,722	630	-100
Somerset	599,457	19,093	568	1,583	260	0	367	121,730	343,440	110,707	1,710	0
Talbot	228,061	20,163	453	1,244	0	280	1,808	31,271	38,680	124,203	9,960	0
Washington	2,794,950	35,157	1,945	9,226	8,924	210	-1,298	374,482	627,195	1,771,657	0	-32,547
Wicomico	1,548,813	104,375	23,215	7,247	2,623	1,400	7,771	458,305	436,776	508,397	2,190	-3,487
Worcester	400,806	60,228	15,023	1,000	1,105	1,079	2,333	0	123,570	194,438	2,130	-100

Columns may not add due to rounding.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 31. SPECIAL SERVICES: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1990

AREA OF RESIDENCE	Total	Optometrist Service	General Trans	Ambulance Service	Van Service	Podiatry	Medical Supplies	Medical Laboratory	Hearing Aids	Physical Therapy	Medicare Deductible/ Coinsurance[1]	Collections
State	$30,417,498	$2,437,408	$12,395,592	$1,573,488	$434,408	$621,265	$8,202,578	$4,490,153	$74,897	$239,267	$3,235,411	-51,557
Baltimore City	11,751,959	1,263,529	3,303,729	888,276	295,489	277,038	3,438,367	2,184,037	31,753	81,570	1,271,984	-11,830
Total Counties	18,665,539	1,173,878	9,091,863	685,212	138,919	344,226	4,764,210	2,306,116	43,144	157,697	1,963,427	-39,728
Allegany	550,999	91,047	200,910	27,009	0	6,335	170,223	57,201	32	0	55,937	-1,759
Anne Arundel	1,465,646	93,489	492,186	76,325	4,813	33,117	479,494	257,519	3,708	27,975	172,067	-2,979
Baltimore	2,845,992	185,532	1,175,039	204,603	53,344	71,072	736,717	389,744	4,819	29,387	450,693	-4,265
Calvert	355,858	18,526	201,485	5,848	52	10,496	85,715	33,468	0	719	27,495	-452
Caroline	218,690	15,792	112,007	10,128	77	2,891	59,204	14,395	2,510	2,286	33,450	-600
Carroll	445,123	21,661	197,012	21,166	5,479	9,500	135,584	56,405	849	2,779	80,453	-5,313
Cecil	408,624	33,068	196,361	13,847	0	7,732	128,861	26,295	2,491	1,413	36,473	-1,444
Charles	676,710	40,104	342,251	13,164	728	4,505	178,404	96,201	1,238	4,506	41,041	-4,391
Dorchester	414,847	30,274	282,273	15,769	0	4,662	61,120	14,460	1,715	4,689	41,188	-115
Frederick	318,506	27,280	69,353	11,647	0	12,303	135,355	63,178	72	561	45,927	-1,243
Garrett	496,586	30,816	376,555	17,875	0	372	59,447	11,527	0	0	20,398	-6
Harford	670,109	45,150	314,315	36,165	1,009	6,905	186,710	71,258	1,278	8,941	93,934	-1,622
Howard	304,992	18,608	91,285	15,559	364	8,023	100,518	61,075	831	11,659	59,557	-2,930
Kent	105,456	8,673	55,426	3,550	0	1,151	30,133	5,599	0	971	8,746	-46
Montgomery	2,526,703	104,522	1,285,548	51,603	14,215	53,713	583,800	414,866	4,361	18,572	230,903	-4,497
Prince George's	2,624,485	163,924	836,947	79,906	58,813	49,336	896,478	503,045	13,439	25,977	265,525	-3,380
Queen Anne's	129,790	13,865	52,195	6,281	0	3,758	35,077	15,953	0	2,749	18,356	-87
St. Mary's	702,938	25,932	492,156	10,400	26	5,480	101,183	55,416	787	11,930	52,285	-371
Somerset	768,172	24,761	629,651	8,979	0	10,794	76,766	17,395	0	0	51,236	-173
Talbot	118,915	12,873	45,533	7,034	0	2,825	36,285	10,999	1,817	1,607	17,737	-58
Washington	564,616	76,717	185,222	23,775	0	12,786	196,167	70,069	1,659	20	58,398	-1,797
Wicomico	1,222,029	65,385	866,668	16,686	0	20,608	210,334	40,992	1,505	666	74,870	-815
Worcester	729,751	25,881	591,484	7,894	0	5,863	80,634	19,056	32	295	26,767	-1,387

[1] Payments for Medicare deductibles and coinsurance are included in service payment totals.
Columns may not add due to rounding.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 32. THE MARYLAND HEALTHY KIDS PROGRAM
SERVICES AND PAYMENTS FOR EPSDT SERVICES:
FISCAL YEAR 1990

COUNTY	SCREENS	PAYMENTS
TOTAL STATE	51,997	$2,479,389
BALTIMORE CITY	21,367	1,037,996
TOTAL COUNTIES	30,630	1,441,393
Allegany	1,509	62,959
Anne Arundel	2,566	121,994
Baltimore	3,401	156,551
Calvert	494	23,266
Caroline	448	18,922
Carroll	960	45,779
Cecil	887	40,263
Charles	1,123	55,018
Dorchester	632	27,886
Frederick	1,167	52,533
Garrett	435	19,808
Harford	1,685	81,662
Howard	659	31,795
Kent	276	12,726
Montgomery	2,253	108,548
Prince George's	4,917	238,886
Queen Anne's	384	16,689
St Mary's	1,396	65,917
Somerset	550	25,802
Talbot	444	17,742
Washington	2,404	117,611
Wicomico	1,496	72,544
Worcester	544	26,497

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 33. CHARACTERISTICS OF ALL PERSONS ENROLLED AT SOME TIME DURING THE YEAR TO RECEIVE MEDICAL CARE: FISCAL YEAR 1990

Total Eligibles			534,259
Total Medicaid Eligibles			508,497
Categorically Eligible - Basis of Whose Eligibility was:			323,052
-Age 65 or over		19,805	
-Blindness		358	
-Permanent and Total Disability		48,286	
-Aid to Families with Dependent Children		227,369	
-Other (Essential Persons)		39	
-General Public Assistance		27,195	
Medically Indigent - Base of Whose Eligibility was:			185,445
-Age 65 or over		23,941	
-Blindness		27	
-Permanent and Total Disability		9,945	
-Total Dependent Children Under 21		39,679	
-Under 21 not in Family	8,187		
-Under 21 in Family	31,492		
-Adults in Families with Dependent Children		23,176	
-Other		88,677	
-State Only (Plus Cancels)	85,778		
-Subsidized Adoptions	1,099		
-Prenatal Assistance	1,800		
Pharmacy Assistance			23,385
Medicare Catastrophic			2,377

TOTAL ELIGIBLES

Age in Years - Total	534,259
Under 21	258,638
21 through 64	206,831
65 or Over	68,790
Sex - Total	534,259
Male	201,795
Female	332,464
Race - Total	534,259
White	208,794
Non-White	322,592
Unknown	2,873

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1986 - 1990

	Fiscal Year				
	1990	1989	1988	1987	1986
Number of Recipients	412,187	438,476	402,164	393,683	398,721
Payments: Total	$1,138,429,241	$1,034,628,674	$972,449,611	$846,714,045	$758,881,991
Hospital Inpatient	399,190,800	366,343,498	334,073,754	281,618,626	268,628,325
Nursing Facility	272,790,198	255,994,216	245,938,008	221,049,926	202,774,487
Hospital Outpatient	89,633,742	,,533,947	72,167,383	70,818,047	63,079,477
Physician Services	106,271,683	98,873,521	87,708,167	67,997,323	62,488,765
Pharmacy Services	71,430,045	64,195,100	55,194,978	52,411,016	48,484,624
Dental Services	3,616,337	3,632,893	3,848,367	4,172,880	4,744,469
Home and Community	75,668,307	54,967,290	49,445,738	32,626,382	17,997,765
Special Services	30,417,385	26,410,400	19,038,752	10,887,555	10,961,272
State Institutions	89,410,744	86,677,809	105,034,464	105,132,290	79,722,807
Average Number Enrollees	347,100	343,618	340,267	341,529	341,256
Fed Matched Indigent	272,438	275,080	273,297	273,919	272,681
Fed Matched Med Indigent	51,490	44,356	40,936	37,593	37,660
Non-Fed Matched	23,172	24,183	26,034	33,017	31,523
Avg Pay/Enrollee: All	$3,280	$3,011	$2,858	$2,479	$2,224
Fed Matched Indigent	2,017	1,783	1,651	1,445	1,294
Fed Matched Med Indigent	9,433	9,692	9,556	9,154	7,996
Non-Fed Matched	4,454	4,724	4,571	3,554	3,349
Hospital Inpatient	$1,203	$1066	$983	$827	$787
Nursing Facility	990	745	723	674	594
Hospital Outpatient	258	226	212	207	185
Physician Services	306	288	258	199	183
Pharmacy Services	206	187	162	153	142
Dental Services	10	11	11	12	14
Home and Community	218	160	145	96	53
Special Services	88	77	54	32	32
State Institutions	258	252	307	308	234

Does not include payments for Part B of Medicare and Capitation payments for HMO enrollees.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1986 - 1990

	Fiscal Year				
	1990	1989	1988	1987	1986
HOSPITAL INPATIENT SERVICES					
Number of Recipients	103,183	98,785	98,565	94,603	90,552
Payments: Total	$417,703,608	$384,210,308	$363,895,023	$308,553,255	$295,509,464
General Hospitals					
Number of Discharges	94,864	90,859	92,034	85,804	84,202
Days of Care	513,885	496,026	493,544	456,851	464,453
Payments: Total	$331,225,277	$303,194,482	$285,071,064	$247,958,578	$238,217,379
Inpatient Care	323,332,081	292,194,359	274,780,680	238,515,239	230,577,078
Average per diem	644.55	611.25	577.60	522.09	512.90
Medicare Ded & Coins	7,893,196	11,000,123	10,290,384	9,443,339	7,640,301
Average Days per Discharge	5.42	5.46	5.36	5.32	5.74
Average Days per Enrollee	1.48	1.44	1.45	1.34	1.36
Special and Chronic Hospitals					
Days of Care	180,422	179,425	177,490	113,416	92,115
Payments: Total	$68,109,587	$63,352,787	$49,141,294	$33,830,534	$30,583,195
Inpatient Care	67,918,232	62,831,517	48,903,364	33,610,335	30,344,986
Average per diem	377.50	353.09	276.87	296.35	332.01
Medicare Ded & Coins	191,355	521,270	237,930	220,199	238,209
Average Days per Enrollee	0.52	0.52	0.52	0.33	0.27

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1986 - 1990

	Fiscal Year				
	1990	1989	1988	1987	1986
State Chronic and Mental Hospitals					
Days of Care	137,921	130,594	166,272	162,744	165,515
Payments: Total	$18,512,808	$17,866,820	$29,821,270	$26,934,631	$26,881,139
Inpatient Care	18,321,154	17,544,826	29,228,804	26,294,259	25,778,693
Average per diem	134.23	136.81	179.33	161.57	162.41
Medicare Ded & Coins	191,654	321,994	592,466	640,372	1,102,446
Collections: Total	-144,064	-203,781	-1,366,582	-170,488	-172,249
HOSPITAL OUTPATIENT PROGRAM					
Number of Recipients	172,507	169,452	173,292	180,754	180,257
Number of OPD and ER Visits	483,096	469,837	477,556	505,980	545,493
Payments: Total	$89,633,742	$77,533,947	$72,167,383	$70,818,047	$63,079,477
OPD & ER Visits	27,763,224	25,155,316	22,625,887	23,033,552	24,675,412
Ancillary Services	57,138,923	48,307,786	46,213,788	44,232,652	35,251,622
Avg payment/visit	185.54	165.02	144.15	132.94	109.86
Medicare Ded & Coins	4,731,595	4,070,867	3,327,708	3,551,843	3,152,443
Avg number OPD and ER Visits per Enrollee	1.39	1.37	1.40	1.48	1.60
Avg number OPD and ER Visits per Recipient	2.80	2.77	2.76	2.80	3.03

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1986 - 1990

	Fiscal Year				
	1990	1989	1988	1987	1986
NURSING FACILITY PROGRAM					
Number of Recipients of Service	23,039	23,370	23,771	23,779	25,412
Days of Care: Total	5,333,741	5,473,089	5,598,529	5,364,073	5,215,405
Nursing Care Days	5,323,647	5,463,090	5,595,770	5,358,996	5,210,417
Medicare Coins Days	10,094	9,999	2,759	5,077	4,988
Payments: Total	$272,790,198	$255,994,216	$245,938,008	$221,060,227	$202,774,487
Nursing Care	272,182,951	255,347,639	245,765,303	220,768,918	202,532,177
Medicare Coins	607,247	646,577	172,705	291,309	242,310
Avg per diem Payment					
Nursing Care	51.13	46.74	43.93	41.20	38.87
Medicare Coins	60.16	64.66	62.60	57.38	48.58
Avg days/enrollee					
Nursing Care	15.34	15.90	16.45	15.71	15.28
Medicare Coins	0.03	0.03	.01	.01	.02
ICF-MR Facilities					
Recipients of Service	1,407	1,419	1,498	1,936	1,819
Days of Care	467,782	451,421	499,454	602,981	524,839
Payments: Total	$70,897,936	68,811,000	$75,213,195	$78,197,661	$52,841,668
Avg per diem payment	151.56	152.43	150.59	129.68	100.68

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1986 - 1990

	Fiscal Year				
	1990	1989	1988	1987	1986
PHYSICIAN SERVICES					
Recipients: Total	282,376	287,379	289,665	277,826	295,062
Payments: Total	$106,585,650	$98,873,520	$87,708,192	$67,997,323	$62,488,765
Office, Home and Nursing Home Care					
Payments: Total	$58,705,128	53,550,817	$47,719,221	$36,232,637	$33,251,237
Physician Services					
Number Visits	733,972	791,184	809,342	765,157	889,824
Payments: Visits	$17,238,531	17,694,215	$17,438,203	$15,221,202	$17,217,030
Specified Services	10,795,954	31,869,807	26,742,089	18,674,040	13,607,924
Medicare Ded & Coins	4,374,471	3,986,795	3,538,929	2,337,125	2,426,282
Visits/Enrollee	2.11	2.30	2.38	2.24	2.61
Clinic Services					
Payments: Total	$26,296,172	$23,159,637	$17,919,944	$11,787,628	$8,632,292
Collections: Total	-303-182	-306,687	-256,608	-146,736	-156,720
In-Hospital Services					
Payments: Total	$47,880,522	$45,629,390	$40,245,579	$31,911,692	$29,394,248
Inpatient Care	36,654,519	35,494,494	31,311,647	24,181,022	18,333,600
Outpatient Care	9,530,054	8,682,706	7,750,351	6,250,457	4,642,485
ER patient Care	1,695,949	1,452,190	1,403,581	1,480,213	1,838,277
Medicare Ded & Coins	7,833,826	6,958,976	5,869,705	4,740,155	4,579,886

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1986 - 1990

	Fiscal Year				
	1990	1989	1988	1987	1986
DENTAL SERVICES					
Number Recipients	57,438	59,220	63,679	68,263	75,804
Payments: Total	$3,616,337	$3,632,893	$3,848,367	$4,172,880	$4,774,469
Diagnostic	755,511	750,041	793,787	848,996	718,415
Preventive	599,967	633,375	677,550	741,179	1,126,886
Restorative	792,660	793,843	878,616	969,307	975,989
Endo/Periodontic	152,307	157,714	178,961	202,321	218,141
Prosthodontic	19,361	26,606	34,613	44,874	59,651
Oral Surgery	731,760	731,288	771,244	793,147	724,181
Other Services	564,783	540,026	513,596	973,056	951,206
Number of Selected Services					
Prophylaxes	35,177	36,841	39,326	42,576	48,765
Floride Treatment	29,685	31,616	33,611	37,197	42,198
Fillings	34,988	35,443	39,476	43,858	52,801
Extractions	34,126	34,809	36,985	39,734	44,367
Full Dentures	7	13	14	16	7
Partial Dantures	33	78	79	120	108
PHARMACY SERVICES					
Number Recipients	266,064	263,995	255,534	263,946	274,392
Number Invoices	3,747,268	3,584,434	3,256,798	3,250,190	3,265,811
Payments: Total	$71,430,058	$64,195,100	$55,194,978	$52,411,016	$48,484,624
Average Payment per Invoice	19.06	17.91	16.95	16.13	14.85
Avg Invoices/Enrollee	10.80	10.43	9.57	9.52	9.57
Avg Invoices/Recipient	14.08	13.58	12.75	12.31	11.90

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1986 - 1990

	Fiscal Year				
	1990	1989	1988	1987	1986
HOME AND COMMUNITY HEALTH SERVICES					
Number Recipients	12,743	11,541	10,906	9,207	7,930
Payments: Total	$75,669,803	$54,968,308	$49,445,738	$32,626,382	$17,997,787
Nursing Services	4,191,968	3,550,898	2,942,680	2,657,019	2,375,331
Home Health Aide	752,095	752,920	767,768	757,311	768,056
PT/OT	776,621	839,059	702,140	707,623	602,930
Medical Day Care	9,656,636	8,454,174	7,041,001	5,528,677	4,002,585
Personal Care	15,347,886	13,587,567	10,399,115	7,568,831	5,483,792
Other Services	564,378	331,062	265,166	156,160	143,846
Waiver - Model	3,253,659	1,575,657	2,123,334	1,679,451	4,621,247 *
Waiver - MR	34,574,673	21,382,863	24,198,944	13,719,642	--
Waiver - Tech	7,042,492	4,744,102	1,233,387	--	--
Collections	-490,607	-249,994	-227,797	-148,332	--
SPECIAL SERVICES					
Payments: Total	$30,417,498	$26,410,400	$19,038,752	$10,887,555	$10,961,272
Optometry & Optic Svs	2,437,408	2,613,223	2,581,112	2,631,126	2,767,185
Ambulance/MCV	2,007,896	1,090,903	993,096	826,049	692,105
General Transportation	12,395,592	9,094,412	4,567,279	--	--
Medical Lab Services	4,490,153	3,782,555	3,732,909	2,642,440	2,804,915
Medical Supplies	8,202,578	6,421,357	4,018,712	2,606,317	2,439,363
Podiatry	621,265	338,628	362,986	273,381	446,783
Physical Therapy	239,267	88,865	89,068	36,459	52,500
Hearing Aids	74,897	88,808	71,785	50,599	60,567
Medicare Coins & Ded	3,235,411	2,953,586	2,683,023	1,836,867	1,701,773
Recoveries (other)	-51,557	-61,937	-61,218	-15,683	-3,918

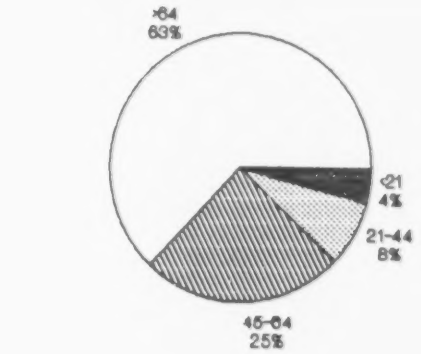
* All Waivers

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 35. MARYLAND PHARMACY ASSISTANCE PROGRAM:
AVERAGE ENROLLMENT BY RESIDENCE - SELECTED CHARACTERISTICS
Fiscal Year 1990

Residence of Recipient	Enrollment	Increase (+)/Decrease (-)
Total State	16,994	+206
Baltimore City	6,788	+331
Allegany County	527	-15
Anne Arundel County	870	-27
Baltimore County	1,886	-60
Calvert County	106	+4
Caroline County	168	+8
Carroll County	302	-22
Cecil County	252	-1
Charles County	139	-9
Dorchester County	232	-1
Frederick County	276	-15
Garrett County	151	-15
Harford County	399	-29
Howard County	218	-8
Kent County	118	-5
Montgomery County	584	-40
Prince George's County	979	+12
Queen Anne's County	130	-14
St. Mary's County	211	+68
Somerset County	0	0
Talbot County	122	+3
Washington County	561	-49
Wicomico County	378	+5
Worcester County	153	+2
Cancellations	1,274	+329

Selected Characteristics



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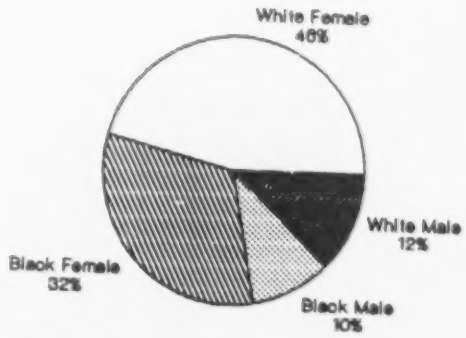

RACE/SEX

MARYLAND PHARMACY ASSISTANCE PROGRAM
TABLE 36. SUMMARY OF SELECTED MARYLAND PHARMACY ASSISTANCE PROGRAM DATA: FISCAL YEARS 1986-1990

PHARMACY ASSISTANCE SERVICES	1990	1989	1988	1987	1986
Average Enrollment	16,994	17,200	16,659	15,008	13,593
Maximum Gross Allowance Income Base	$7,050	$6,700	$6,400	$6,100	$5,800
Total Payments	$10,089,462	$8,304,457	$6,905,420	$6,095,085	$5,110,658
Total Number of Prescriptions	462,023	426,723	370,605	335,360	308,658
Average Payment Per Prescription	$21.84	$19.46	$18.66	$18.17	$16.55
Average Cost Per Recipient	$593.71	$482.82	$414.52	$403.97	$376.00
Average Prescriptions Per Recipient	27.19	24.81	22.21	22.23	22.71

APPENDIX
GLOSSARY OF TERMS

ENROLLEES Those persons who apply for and are determined eligible for Medical Assistance benefits. Medical Assistance enrollees are automatically eligible through receipt of cash assistance from Aid to Families with Dependent Children (AFDC), General Public Assistance (GPA), or Supplemental Security Income (SSI). Enrollees may also become eligible as a result of meeting certain financial and technical requirements established by the State and the federal government. Each enrollee receives a Medical Assistance card with which to receive covered services. All enrollee counts in this publication reflect the average number of persons enrolled during a month.

RECIPIENTS Medical Assistance enrollees who have used their Medical Assistance cards to receive medical services covered under the Maryland Medical Assistance Program. Counts of recipients in this publication may exceed the average number of enrollees, because many individuals gain and lose eligibility over the year's time.

FEDERAL FINANCIAL PARTICIPATION - (FFP) Federal expenditures provided to match State expenditures for Medicaid eligibles in federally approved assistance categories.

FEDERALLY MATCHED CATEGORICALLY INDIGENT ELIGIBILITY CATEGORIES Federally-matched categorically needy persons are those who meet financial and technical eligibility requirements for AFDC or SSI, and who receive cash assistance through these programs. The State receives federal financial participation for all covered expenditures for these groups. (Automatically eligible to receive Medical Assistance benefits.)

OAA Old Age Assistance. Individuals 65 years old or older who are recipients of Supplemental Security Income (SSI) benefits.

PANB Public Assistance to the Needy Blind. Individuals who are blind and are recipients of SSI benefits.

APTD Aid to the Permanently and Totally Disabled. Individuals who are disabled and are recipients of SSI benefits.

EP Essential Persons. Individuals who were receiving Medical Assistance in December 1973 because they had been determined to be essential to the well being of the aged, blind, or disabled spouse with whom they lived and who continue to meet the December 1973 criteria for the State's approved Old Age Assistance, Aid to the Blind, or Aid to the Permanently and Totally Disabled plans.

AFDC Aid to Families with Dependent Children. Individuals who are recipients of Aid to Families with Dependent Children (AFDC) benefits.

NON-FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORY
Non-federally matched categorically needy persons are financially eligible for State cash assistance and ineligible for federal cash assistance. Expenditures for this group are not eligible for federal financial participation. (Automatically eligible to receive Medicaid benefits.)

GPA General Public Assistance. Individuals who are receiving cash assistance from State and local funds because they are unemployed or only part-time employed due to a medically substantiated impairment. These individuals fail to meet the technical eligibility requirements for federal cash assistance.

FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES
Federally-matched medically needy persons are those whose income and resources are above the limits for eligibility as categorically needy (AFDC or SSI) but are within limits set by the State. Expenditures for these groups are eligible for federal financial participation. (Eligibles must apply for Medical Assistance benefits at local Department of Social Services offices.)

MAO Medical Assistance to Individuals Aged 65 and Over. Individuals 65 years old or older who are not recipients of SSI benefits.

MAB Medical Assistance to the Blind. Individuals who are blind and are not recipients of SSI benefits.

MAD Medical Assistance to the Disabled. Individuals who are disabled and not recipients of SSI benefits.

MAFC Medical Assistance to Individuals Under 21 and Not in Family. Individuals younger than 21 years old who are not living with a caretaker relative and receive no cash assistance. This group is comprised of children in foster care, State facilities for the mentally retarded, and children under the jurisdiction of the Juvenile Services Administration who live in facilities that are not owned, operated or administered by the agency.

MAC Medical Assistance to Individuals Under 21 and in Family. Individuals younger than 21 years old who live with family members and are not receiving cash assistance.

MAR Medical Assistance to Eligible Relatives. Individuals who are caretaker-relatives of children and who do not receive cash assistance.

SOBRA Medical Assistance to pregnant women and their children up to two years of age (PWC Program). Pregnant women who have incomes below the federal poverty level may receive pregnancy-related medical services under Medicaid. Complete Medicaid coverage is available for children up to two years of age.

NON-FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES Non-federally matched medically needy persons are those who do not qualify under any federally established eligibility category, but who do meet Medicaid financial requirements. Expenditures for these groups are not eligible for federal financial participation. (Eligibles must make application for Medicaid benefits.)

STND 1 Standard 1. Individuals between the ages of 21 and 65 who are not blind or disabled or a caretaker-relative and are not receiving cash assistance in either a federal (AFDC,SSI) or State-only program (GPA).

SA Subsidized Adoptions. Children who are placed in adoption by the Maryland Department of Human Resources and who are not eligible for an adoption subsidy in which there is federal financial participation.

FEDERALLY MANDATED COVERAGE CATEGORIES

QMB QUALIFIED MEDICARE BENEFICIARIES. Medicare Catastrophic Coverage Act of 1988. Medicare eligible persons who are eligible for Part A, have income which does not exceed a specified percentage of the official Federal poverty line, and whose assets do not exceed twice the asset level of the Supplemental Security Income (SSI) Program. Medicaid pays Medicare premiums, co-insurance and deductibles for these individuals.

The Secretary of Health and Mental Hygiene, by law* and/or policy does not permit discrimination in the delivery of services and employment on the basis of handicapped status, race, color, and national origin; additionally, discrimination in any phase of employment practices, policies, or procedures on the basis of religion, age, sex, or political affiliation are prohibited. This encompasses all facilities and programs directly operated by DHMH, grant-in-aid programs, providers of health services receiving federal funds through DHMH, contractors and sub-contractors.

* Applicable laws and policy are available on request.